



CITY OF OXFORD

---

ANNUAL REPORT

of the

MEDICAL OFFICER  
OF HEALTH

for the year

1951





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MADAM CHAIRMAN, LADIES AND GENTLEMEN,

This is my fourth Annual Report and covers the third full year of the National Health Service.

The vital statistics are once again satisfactory. Last year I was able to report, with great satisfaction, the lowest infant mortality rate ever achieved in the City, and it is therefore all the more remarkable and praiseworthy that this figure of 20.01 has this year been reduced to a new record of 18.79 compared with a rate of 29.6 for England and Wales. If prematurity, congenital malformations, and other hazards of birth are excluded, deaths of infants under the age of one year totalled only 6, comprising 4 deaths from pneumonia and 2 from gastro-enteritis (1 occurring away from Oxford). This fine result, taken in conjunction with the fact that, for the second year in succession there was not a single death amongst 1,543 city maternity cases, reflects the greatest credit on the teamwork of parents, family doctors, clinic doctors, health visitors, midwives, and the medical and nursing staffs of hospitals.

The death rate showed a rise from last year's very low level but is still well below the figure for England and Wales. There was an increase in the number of deaths from diseases of the heart and circulatory system which is mainly a reflection of the ageing population. Deaths from influenza, pneumonia, and bronchitis all increased, due to the influenza epidemic in January and February.

The tuberculosis death rate has remained at a comparatively low level and is well below the corresponding figure for England and Wales. This result is even more satisfactory when it is realised that only 12.5% of the deaths occurred in persons under the age of 45. Pulmonary tuberculosis has always been feared particularly as a disease of early adult life and, up to 1948, about two-thirds of all deaths occurred in those under the age of 45, but in the last four years this proportion has fallen dramatically. The improvement in the tuberculosis situation is also shown by the fact that the number of new notifications has fallen from 198 in 1949 to 124 last year, and 89 this year.

Once again, an increase in the number of cancer deaths has to be reported. The increase this year has been entirely amongst males and in this sex lung cancer continues to take a heavy toll, particularly in the age group 45—65. Deaths from cancer of the breast have declined slightly and it is satisfactory to report a marked decrease in deaths from cancer of the uterus.

For the second year in succession, there has not been a single death from either scarlet fever, diphtheria, measles, or whooping cough.

The fall in the birth rate has been arrested, but any satisfaction that might be felt concerning this, is overshadowed by the fact that the number

of illegitimate births has increased from 92 to 115. This gives Oxford the high figure of 7.45% illegitimate births this year, compared with a figure of 4.9% for England and Wales.

The ambulance service continues to be hard-pressed. Once again, there was an increase in the number of patients carried, whereas the total mileage remained the same. The rise in the number of patients was due to increased out-patient attendances, together with an increase in inter-hospital transport, arising particularly as a result of developments at the Churchill and Cowley Road Hospitals. More use has again been made of rail travel. At the time of writing this report, the Ambulance Service is being equipped with radio-control, which will result in increased efficiency and, it is hoped, a saving in cost.

The health visiting staff has been nearly up to full establishment throughout the year, due largely to the assisted training scheme. The association with the hospitals continues to be very close and as "family nurses" every effort is being made to link the work of health visitors as closely as possible with that of "family doctors".

During the year, the establishment of home-helps was increased and, as a result, more cases have been assisted, particularly of the more chronic type. The service was very hard-pressed at the beginning of the year, during the influenza epidemic.

With regard to the home-nursing service, there has been a marked improvement in the number of nurses on the staff, largely due to the fact that Oxford is now a key training centre. As a result, more cases have been nursed and a greater number of visits paid to each case.

Towards the end of the year, a domiciliary occupational therapy service was inaugurated to help the "home-bound" patient. The headquarters are at The Laurels and the sale of goods takes place either through the Blind Shop or the Helping Hand Stall. Grateful thanks are due to Miss Macdonald, Principal of the Dorset House School of Occupational Therapy, for most helpful advice in the launching of this scheme.

For the second year in succession, no case of diphtheria occurred. There was a low incidence of scarlet fever of a very mild type. There was an outbreak of a mild type of dysentery centred on the infant department of Donnington School. Very little food poisoning was reported. In common with the rest of the country, Oxford experienced a sharp outbreak of influenza in January and February. The disease was not severe and caused little trouble in the young, healthy person, but older persons tended to suffer from complications and, as a result, there was an increased death rate from pneumonia and bronchitis. The progress of the epidemic could be followed with remarkable accuracy from the daily returns of new sickness benefit claims which were kindly sent to the Department by the Oxford Branch of the Ministry of National Insurance. In September and October there was an extensive epidemic of Bornholm disease.



This is a largely unfamiliar disease and a careful study was made of the 277 cases traced. A preliminary report appeared in the British Medical Journal of October 20th, 1951, and a fuller account is nearing completion.

The number of children immunized against diphtheria has increased and this is particularly satisfactory because, taking the country as a whole, there has been a marked decrease. Diphtheria has been defeated by immunization but if our efforts are relaxed, there is no doubt at all that this dangerous disease will return. The satisfactory result in Oxford can be attributed to the energetic propaganda of health visitors, together with the good sense of parents. The number of children vaccinated against smallpox has also increased, and it is estimated that 51% of all infants are being vaccinated before their first birthday. This figure is appreciably higher than in the days of "compulsory" vaccination and is about double the present rate for England and Wales. Oxford has now embarked on its fourth whooping-cough vaccination trial, undertaken under the auspices of the Medical Research Council. The past trials have revealed most useful information, and there is little doubt that, as a result, a really first-class vaccine should be generally available in the near future. Immunization against diphtheria and whooping cough, and vaccination against smallpox, are all undertaken as part of the normal practice at each child welfare clinic in the city, and I think this is the basic factor in the undoubted success being experienced with all these immunological procedures in this city.

The maternity and child-welfare section of the department has again had a most successful year, as evidenced particularly by the new low record for infant mortality and no maternal mortality. Gas and air analgesia was given to 90% of all midwives' cases, a result which could hardly be bettered as in most of the remaining cases no time was available. The trend towards the greater participation of general practitioners in antenatal care has continued, and it is a pleasure to record the close working co-operation between family doctors and antenatal clinics in this respect. With regard to the important subject of postnatal care, it is pleasing to be able to report that 77% of those who attended the clinics for antenatal care also returned for a postnatal examination.

During the year, an additional child welfare clinic was opened at Barton in the newly constructed Community Centre, and the clinic held at St. Francis' Hall, Cowley, was transferred to much more suitable premises in a converted building in the Slade Park.

Towards the end of the year, a scheme was started for tuberculin jelly testing of all children attending the child welfare clinics for a routine birthday examination. Any young child found to have a positive reaction is carefully investigated and, even more important, all the child's close contacts are thoroughly examined in order to try and find the infective case.

It is a great pleasure to pay a well deserved tribute to the voluntary



workers at our child welfare clinics. Each week no less than 16 clinics are held with no paid staff other than the doctor and health visitor. It is doubtful whether any other town is so fortunate in this respect as Oxford.

The success of the mother-and-baby hostel can be measured by the fact that out of 22 city mothers with illegitimate babies discharged during the year, no less than 18 appeared to have every prospect of keeping the baby and giving it adequate care.

The dental service ceased to exist at the beginning of July, but in October Mr. Millar took up his duties as Chief Dental Surgeon. At the time of writing this report, the position has improved by the much valued assistance of part-time staff, and there are now the equivalent of  $2\frac{1}{3}$  dentists out of an establishment of 4. Throughout the year, the examination and treatment of expectant and nursing mothers and children under 5 had to be restricted to emergency work only.

The admissions to mental hospitals during the year increased from 223 to 310. This increase has occurred equally amongst those admitted direct from home as well as from those transferred from one or other of the general hospitals in the city. In the latter case, the majority of patients came originally from other local health authority areas, and this is a measure of the additional work which is carried by the duly authorised officers of the city by virtue of the fact that Oxford is a large hospital centre. From the figures given, it is difficult to escape the conclusion that there has been a real increase in acute mental illness. Increased admissions have meant further and serious overcrowding of mental hospitals, with the resultant problem of trying to find vacancies for new cases. In this respect we have been most fortunate in having the fullest co-operation from the Physician-Superintendents of both Littlemore and the Warneford Hospitals.

One of the causes of the increase in the admissions to mental hospitals has been the necessity to admit more old people suffering from varying degrees of senile dementia. For instance, in 1951 there were 65 such admissions of persons over the age of 60, compared with only 19 in 1947. This policy, although unavoidable at the moment, is most unsatisfactory and, in many cases, is particularly harsh treatment in that as a result of the general overcrowding, senile patients have often to be treated alongside psychotics of all ages. New residential units for dealing with this problem of old age are urgently required, and could be provided either by local health authorities or hospital boards. One advantage of provision by the local health authority would be the avoidance of certification which is a distasteful procedure in a person who is really only suffering from one of the effects of old age.

Plans for the new occupation centre are now well advanced. Once again, the highest tribute must be paid to the staff of the present centre who have triumphed most effectively over many difficulties.

Frilford House was opened early in 1952, to accommodate 26 aged persons, and the purchase of Barton End, for use as another old people's home, has just been completed. Further progress has been made with the plans for the Rest Home annexe to Cowley Road Hospital. The Laurels remains overcrowded and further accommodation for aged and infirm persons will be needed.

The year saw the introduction of a Blind Home Workers' Scheme.

Housing continues to be the biggest problem in connection with environmental hygiene. Slum clearance work is held up and there are increasing misgivings on health grounds on this account. There is a serious deterioration in much of the older housing property.

The "Clean Food" campaign has made good progress during the year. There has been a welcome reduction in the amount of unsound foodstuffs. Ice-cream is a much improved product; a result achieved by the ready co-operation of the Trade with the staff of the department. Milk is now very largely free from any risk of conveying disease, but there is increasing evidence of diminished quality.

Civil Defence does not figure in this report, but it has occupied an appreciable amount of the time of the staff of the Health Department.

It is once again a great pleasure to acknowledge the very active support I have received at all times from every member of my staff, many of whom have contributed to this report

To you, Madam Chairman, and members of the Committee, I wish to record my most grateful thanks for the kindly consideration which you have at all times extended to me.

Yours faithfully,

J. F. WARIN,  
*Medical Officer of Health.*

## SECTION I

## COMMITTEE MEMBERS

## HEALTH COMMITTEE

*Chairman:* Councillor Mrs. BRYAN-BROWN.*Vice-Chairman:* Alderman Mrs. HARRISON-HALL.

Alderman BLACKLER.

Councillor GRANT.

,, CAPEL.

,, HARRISON.

,, Mrs. PRICHARD.

,, MEADOWS.

,, SMEWIN.

,, MOORHOUSE.

,, Mrs. STEVENSON.

,, Mrs. PACKFORD.

Councillor COLLAR.

,, POWELL.

,, DENT.

,, SMITH.

,, Mrs. GIBBS.

,, L. T. WALKER.

Mrs. M. HOUGHTON

Miss O. ALLAWAY

} representing the Oxford County and City Executive Council.

Mr. A. W. H. B. KING, representing the United Oxford Hospitals.

## MATERNITY AND CHILD WELFARE SUB-COMMITTEE

*Chairman:* Alderman Mrs. PRICHARD.*Vice-Chairman:* Councillor Mrs. PACKFORD.

Alderman Mrs. HARRISON-HALL.

Councillor MOORHOUSE.

Councillor Mrs. BRYAN-BROWN.

,, POWELL.

,, COLLAR.

Mrs. COATE.

Mrs. DEAN.

Miss HAIG-BROWN.

} co-opted.

## MATERNITY FINANCE SECTION

*Chairman:* Alderman Mrs. PRICHARD.*Vice-Chairman:* Councillor Mrs. PACKFORD.

Councillor Mrs. BRYAN-BROWN.

Mrs. DEAN.

,, MOORHOUSE.

## MOTHER AND BABY HOSTEL HOUSE SECTION

*Chairman:* Miss HAIG-BROWN.*Vice-Chairman:* Mrs. DEAN.

Alderman Mrs. PRICHARD.

Councillor Mrs. PACKFORD.

Councillor Mrs. BRYAN-BROWN.

## MENTAL HEALTH SUB-COMMITTEE

*Chairman:* Alderman Mrs. PRICHARD.*Vice-Chairman:* Councillor Mrs. BRYAN-BROWN.

Alderman Mrs. HARRISON-HALL.

Councillor Mrs. PACKFORD.

,, Mrs. STEVENSON.

,, POWELL.

Councillor DENT.

Miss IRVINE

Mrs. H. C. BROWN, J.P.

} co-opted.



### WELFARE SERVICES SUB-COMMITTEE

*Chairman:* Councillor Mrs. BRYAN-BROWN.

*Vice-Chairman:* Councillor Mrs. GIBBS.

Alderman BLACKLER.	Councillor DENT.
„ Mrs. HARRISON-HALL.	„ MEADOWS.
„ Mrs. STEVENSON.	„ Mrs. PACKFORD.
Councillor COLLAR.	„ POWELL.
Mr. A. W. H. B. KING.	

### THE LAURELS HOUSE SECTION

*Chairman:* Councillor Mrs. GIBBS.

All members of the Welfare Services Sub-Committee.

### GENERAL PURPOSES SUB-COMMITTEE

The Chairman and Vice-Chairman of the Health Committee, and of the Maternity and Child Welfare, Mental Health, and Welfare Services Sub-Committees, *ex-officio*.

*Representatives on Joint Ambulance Committee:*

Alderman Mrs. HARRISON-HALL.	Councillor GRANT.
Councillor HARRISON.	

*Representatives on Oxford Voluntary Tuberculosis Care Committee:*

Alderman Mrs. HARRISON-HALL.	Councillor POWELL.
Councillor Mrs. BRYAN-BROWN.	

### HOUSING COMMITTEE

*Chairman:* Alderman Lady TOWNSEND.

*Vice-Chairman:* Councillor GUNBY.

Alderman Mrs. STEVENSON.	Councillor ORGAN.
Councillor CHAPLIN.	„ Mrs. PACKFORD.
„ DENT.	„ SIMONS.
„ KEITH-LUCAS.	„ SPOKES.
„ MORRISS.	„ L. T. WALKER.

## HEALTH DEPARTMENT STAFF

*Medical Officer of Health:*

J. F. WARIN, M.D., D.P.H.

*Deputy Medical Officer of Health:*

J. B. M. DAVIES, M.D., D.P.H.

*Senior Assistant Medical Officer for Maternity and Child Welfare:*

M. FISHER, B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

*Assistant Medical Officers of Health:*

L. J. KENT, M.R.C.S., L.R.C.P. (Resigned 19.6.51.)

M. KEMSLEY, M.B., B.S., M.R.C.S., L.R.C.P., D.C.H., C.S.P.

R. SALES COOPER, M.B., B.S.

D. JEYES, B.Sc., M.D., D.P.H. (Resigned 13.10.51.)

B. G. ANSCOMBE, M.B., Ch.B., D.R.C.O.G. (Commenced 1.10.51.)

A. D. SURTEES, M.B., Ch.B., D.C.H. (Commenced 1.10.51.)

E. W. MOORE, M.C., M.B., Ch.B., D.P.H. (Also R.M.O., The Slade Hospital, United Oxford Hospitals). Part-time.

*Consultant Tuberculosis Officer (part-time):*

W. STOBIE, O.B.E., J.P., M.A., M.D., F.R.C.P. (Resigned 31.7.51.)

F. RIDEHALGH, M.D., F.R.C.P. (Commenced 1.9.51.)

*Chief Dental Surgeon:*

C. H. I. MILLAR, B.Sc., L.D.S. (Commenced 11.10.51.)

*Assistant Dental Surgeon:*

Miss M. I. JOHNSTON, L.D.S. (Resigned 30.6.51.)

*Dental Attendants:*

Miss B. J. ROLFE.

Miss D. COLE. (Commenced 29.10.51.)

*Chief Sanitary Inspector:*

W. COMBEY, D.P.A., M.R.San.I., A.M.I.San.E. (b) (c) (d) (e).

*Deputy Chief Sanitary Inspector:*

C. H. CLARKE (a) (c).

*District Sanitary Inspectors:*

K. ENGLAND (b) (c).

D. WATSON (b) (c) (e).

Miss E. M. REEVES, S.R.N., S.C.M. (b).

R. C. STENTIFORD (b) (c).

J. P. MULLARD (b).

A. W. EASTES (b). (Resigned 20.5.51.)

K. W. CLEMENT (b) (c).

A. F. PAVEY (b) (c).

A. H. RANDS (b) (c).

J. C. KELLY (b) (c). (Commenced 2.7.51.)

- (a) Sanitary Inspector's Certificate, Royal Sanitary Institute.
- (b) Sanitary Inspector's Certificate, Sanitary Inspectors' Joint Board.
- (c) Meat and Food Inspectors' Certificate, Royal Sanitary Institute.
- (d) Sanitary Science Certificate, Royal Sanitary Institute.
- (e) Smoke Inspector's Certificate, Royal Sanitary Institute.

*Disinfector: 1. Outside Sanitary Assistants: 5.*

*Superintendent Health Visitor:*

Miss D. BROWN (a) (b) (c) (d).

*Health Visitors:*

Miss W. PRATT (a) (b) (c) (d).

Miss G. DAVIES (a) (b) (c).

Mrs. E. FRANCIS (a) (b). (Resigned 23.7.51.)

Miss J. BARNETT (a) (b) (c).

Miss E. GILBERTSON (a) (b) (c).

Mrs. M. LAGUN (a) (b) (c).

Miss M. SALMON (a) (b) (c). (Resigned 28.4.51.)

Mrs. B. EAGLE (a) (b) (c).

Miss L. BECKLEY (b). (Temporary.)

Miss E. JOHN (a) (b) (c).

Miss K. GREGORY (a) (b) (c).

Mrs. D. PARRY (a) (b) (c). (Resigned 15.9.51.)

Miss J. HITCHCOCK (a) (b) (c). (Resigned 15.9.51.)

Miss J. HEX (a) (b) (c).

Miss S. DUVAL (a) (b) (c). (Commenced 9.4.51.)

Miss H. SPICKERNELL (a) (b) (c). (Commenced 9.4.51.)

Miss J. HEARLE (a) (b) (c). (Commenced 9.4.51.)

Miss J. PINDER (a) (b) (c). (Commenced 17.9.51.)

Miss D. BREE (a) (b) (c). (Commenced 5.11.51.)

Miss D. PYLE (a) (c). (Commenced 5.11.51.)

*Clinic Nurses: 1.*

*Non-medical Supervisor of Midwives:*

Miss P. V. NEEDHAM (a) (b).

*Midwives:*

Mrs. A. E. GODFREY (a).

Miss F. ELDRIDGE (a).

Miss P. PIKE (a) (b).

Miss D. INNESS (a) (b).

Miss P. MILLAR (a) (b).

Miss P. WHYTON (a) (b).

Mrs. E. M. REES (a) (b).

*Mother and Baby Hostel:*

Mrs. B. HUMPHRIES (a) (b). Matron.

Miss F. BOLTON. Deputy Matron.

*Nurseries:*

*Florence Park Day Nursery:*

Mrs. E. PEARCE (a) (b). Matron.

Miss H. G. HARRIS. Deputy Matron.

2 Nursery Nurses.

3 Probationer Nursery Students.

3 Nursery Students.

(a) State Certified Midwife.

(b) State Registered Nurse.

(c) Health Visitor's Certificate, Royal Sanitary Institute.

(d) State Registered Fever Nurse.



*Botley Road Day Nursery:*

Miss G. M. NIXEY. Matron.  
 Miss E. W. TURRILL. Deputy Matron.  
 4 Nursery Nurses.  
 3 Probationer Nursery Students.  
 3 Nursery Students.

*Home Helps:*

Miss W. OGILVIE. Organiser.  
 Miss M. CREEDY. Assistant Organiser.

*Occupational Therapist:*

Miss E. M. TARGETT, M.A.O.T. (Commenced 1.10.51.)

*Almoners:*

Miss E. NEVILLE (Blind Welfare). (Part-time). (Full-time from 1.4.51.)  
 Mrs. D. HICKS (Tuberculosis). (Part-time).  
 Miss N. COGGIN (Venereal Diseases). (Part-time.)

*Mental Health:*

Miss M. BUCK, Authorised Officer.  
 J. ROBERTSON, Authorised Officer. (Part-time). (Full time from 16.4.51.)  
 J. HADFIELD, Authorised Officer. (Transferred to Welfare Services 16.4.51.)  
 D. A. PURRETT, Authorised Officer. (Part-time). (Commenced 23.7.51.)  
 Miss N. J. MARTIN, Assistant Visitor. (Resigned 28.2.51.)  
 Miss P. A. GROSE, Assistant Visitor. (Commenced 1.3.51.)

*Occupation Centre:*

Miss O. WARBURTON, Supervisor.  
 3 Assistant Teachers.  
 1 Assistant Teacher, temporary.

*Welfare Services:*

J. H. B. WRIGHT, Chief Welfare Services Officer. (Resigned 31.12.51.)  
 J. HADFIELD, Senior Assistant Welfare Services Officer. (Commenced 16.4.51.)  
 J. ROBERTSON, Assistant Welfare Services Officer. (Part-time). (Transferred to Mental Health 16.4.51.)  
 D. A. PURRETT, Assistant Welfare Services Officer. (Part-time). (Commenced 23.7.51.)  
 Mrs. M. DRUMMOND, Home Teacher to the Blind.  
 E. HILLS, Supervisor. Blind workshops.

*The Laurels:*

Miss E. SAMPSON, S.R.N., Matron.  
 Miss M. E. JONES, S.R.N., Deputy Matron.  
 V. C. FERRIMAN, Senior Male Officer.  
 3 Assistant Nurses.  
 5 Female Attendants.  
 7 Male Attendants.

*Administrative:*

H. G. ANNELY, Chief Administrative Assistant.  
 T. D. THOMSON, Senior Administrative Assistant.  
 Miss J. R. ROGERS, Medical Officer's Secretary.  
 Miss H. M. MITCHELL, Clerical Assistant.  
 L. W. PEARMAN, Senior Clerk (Sanitary Section).  
 Miss J. KING, Chief Sanitary Inspector's Secretary.  
 4 Shorthand Typists, General Division.  
 7 Clerks, General Division.

CLINICS

1. Antenatal.

East Oxford Centre, Cowley Road.	Tuesday	9.30 a.m.
School Medical Room, 60 St. Aldate's.	Thursday	9.30 a.m.
Bury Knowle, Old High Street, Headington.	Friday	9.30 a.m.
Donnington School, Henley Avenue.	Wednesday	9.30 a.m.
Alexandra Court Clinic, Woodstock Road.	Tuesday	2.30 p.m.

2. Postnatal.

Donnington School, Henley Avenue.	First Monday in the month at 2.30 p.m.
East Oxford Centre, Cowley Road.	First Tuesday in the month at 2.30 p.m.
School Medical Room, 60 St. Aldate's.	First Thursday in the month at 2.30 p.m.
Bury Knowle, Old High Street, Headington.	First Friday in the month at 2.30 p.m.
Alexandra Court Clinic, Woodstock Road.	First Tuesday in the month at 2.30 p.m.

3. Child Welfare.

Bury Knowle, Old High Street, Headington.	Tuesday	2—4 p.m.
	Thursday	2—4 p.m.
Community Centre, Barton, Headington.	Wednesday	2—4 p.m.
Slade Park, Cowley.	Wednesday	2—4 p.m.
Congregational Church Room, Cowley.	Friday	2—4 p.m.
Donnington School, Henley Avenue.	Tuesday	2—4 p.m.
	Wednesday	2—4 p.m.
East Oxford Centre, Cowley Road.	Monday	2—4 p.m.
	Friday	2—4 p.m.
Church Room, Canning Crescent.	Tuesday	2—4 p.m.
Rectory Room, Pembroke Street, St. Aldate's.	Friday	2—4 p.m.
Y.M.C.A. Building, Walton Street.	Friday	2—4 p.m.
Alexandra Court Clinic, Woodstock Road.	Wednesday	2—4 p.m.
Church Hall, Main Road, New Marston.	Wednesday	2—4 p.m.
	Thursday	2—4 p.m.
Village Hall, Wolvercote.	Thursday	2—4 p.m.

4. Immunization and Vaccination.

School Medical Room, 60 St. Aldate's.	Saturday	10 a.m.
(Also on application at Child Welfare Clinics).		

5. Dental.

School Medical Room, 60 St. Aldate's.	} By appointment.
Bury Knowle, Old High Street, Headington.	
Donnington School, Henley Avenue.	
East Oxford Centre, Cowley Road.	
Alexandra Court Clinic, Woodstock Road	

6. Ringworm.

School Medical Room, 60 St. Aldate's.	Monday	2 p.m.
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## SECTION II

## STATISTICS

## SUMMARY

Area of City .. .. .	8438 acres.
Population (estimated mid-year 1951) .. ..	106,400
Number of inhabited houses 31.3.51 .. ..	25,856
Rateable value of the City at 31.3.51 .. ..	£988,748
Sum represented by a penny rate, 1950/1 .. ..	£4,020
Total cost of all health services 1950/1:—	

	<i>Gross</i>	<i>Net</i>
	£	£
Public Health Services .. .. .	16,130	15,078
National Health Service Act, 1946 .. ..	101,694	43,442
National Assistance Act, 1948.. ..	46,044	33,260
Totals .. .. .	£163,868	£91,780

	<i>City of Oxford</i>		<i>England and Wales</i>
	1951	Average 1941–50	1951
<i>Marriage rate</i> (per 1000 population) (provisional) .. .. .	18.0		16.4
<i>Birth rate</i> (per 1000 population) (Re- corded) .. .. .	14.5	16.34	15.5
<i>Birth rate</i> (per 1000 population) (as adjusted by comparability factor 0.96) .. .. .	13.92		
<i>Illegitimate birth rate</i> (% of total births) .. .. .	7.45	6.91	{ 4.9 (prov.)
<i>Stillbirth rate</i> (per 1000 total live and stillbirths) .. .. .	19.07	19.64	22.9
<i>Maternal mortality rate</i> (deaths classed to pregnancy or childbirth) per 1000 total live and stillbirths ..	Nil	0.98	0.79
<i>Neonatal mortality rate</i> (deaths under 1 month per 1000 live births) ..	14.25	17.57	
<i>Infant mortality rate</i> (deaths under 1 year) per 1000 live births ..	18.79	29.30	29.6



	<i>City of Oxford</i>		<i>England and Wales</i>
	1951	<i>Average</i> 1941-50	
<i>Death rate</i> (per 1000 population) (Re- corded) .. .. .	10.45	10.06	12.5
<i>Death rate</i> (per 1000 population (as adjusted by comparability factor 1.06) .. .. .	11.07		
<i>Death rate</i> (per 1000 population) from:—			
(a) Diseases of the heart and cir- culatory system .. ..	3.65	3.26	
(b) Cancer (all forms) .. ..	1.98	1.63	
(c) Pneumonia, bronchitis and other diseases of the respira- tory tract .. .. .	1.15	1.04	
(d) Tuberculosis (all forms) ..	0.27	0.43	0.31
(e) Violence (including suicides)	0.40	0.44	

## BIRTHS

*Total registered live births:—*

Male .. .. .	1,530
Female .. .. .	1,426
	<hr/>
	2,956
	<hr/>
(Illegitimate .. .. .)	178

Of the 2,956 births registered, 1,483 were Oxford residents and 60 births to Oxford residents occurred outside the City, making a total of 1,543 births allocated to the City. Of these 1,428 were legitimate (729 male, 699 female) and 115 were illegitimate (57 male, 58 female).

## CLASSIFICATION OF BIRTHS OCCURRING IN THE CITY

### (a) According to Notifications

	Live Births	Still Births
Notified by Midwives ... ..	517	8
Notified by Doctors ... ..	2	1
Notified by Police ... ..	—	1
Notified by Institutions and Nursing Homes ...	2445	50
	<hr/>	<hr/>
	2964	60

## BIRTHS AND DEATHS IN THE CITY, 1911—1951

Year	Popula- tion estimated to Middle of each year	Births			Total Deaths Registered in the District		Transferable Deaths		Net deaths belonging to the District			
		Uncor- rected No.	Nett		No.	Rate	of Non- residents registered in the District	of Resi- dents not registered in the District	Under 1 year		At all ages	
			No.	Rate					No.	Rate per 1000 Nett Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1911	53,148		1013	19.05	747	14.05	102	42	109	107.6	687	12.92
1912	53,548		1026	19.16	672	12.55	91	41	71	69.2	622	11.61
1913	53,948		951	17.62	703	13.03	87	22	79	83.07	638	11.82
1914	54,348		911	16.8	755	13.89	133	30	66	72.4	652	11.99
1915	54,478		865	15.79	777	14.19	142	37	62	71.6	672	12.27
1916	55,148		881	15.97	697	12.64	166	78	59	66.9	609	11.04
1917	*59,193		656	11.08	756	14.23	150	104	57	86.9	710	13.37
	53,104											
1918	*55,472		700	12.62	987	19.94	204	94	44	62.8	877	17.71
	49,508											
1919	*60,071		796	13.25	714	12.38	117	89	47	59.0	686	11.98
	57,666											
1920	59,963		1083	18.06	635	10.59	93	69	60	55.4	611	10.19
1921	56,400	957	929	16.47	681	12.07	124	42	34	36.6	598	10.63
1922	56,510	982	902	15.96	812	14.37	153	62	54	59.8	721	12.75
1923	56,920	997	876	15.39	699	12.28	157	49	39	44.5	594	10.43
1924	57,260	1052	878	15.30	826	14.42	163	21	46	52.4	685	11.94
1925	57,090	1079	882	15.45	815	14.27	190	50	44	49.88	677	11.85
1926	56,800	1072	852	15.00	813	14.31	194	69	51	59.8	691	12.16
1927	57,050	1079	848	14.86	847	14.84	194	71	40	47.17	743	13.02
1928	60,800	1162	836	13.75	766	12.59	204	73	32	38.27	634	10.44
1929	*70,730	1265	1017	14.37	1082	15.30	216	52	65	63.91	918	13.00
	70,590											
1930	*74,000	1380	1159	15.66	966	13.08	211	48	47	40.55	803	10.87
	73,810											
1931	*80,810	1427	1216	15.04	1005	12.48	195	57	54	44.4	867	10.76
	80,530											
1932	81,260	1397	1114	13.71	1054	12.97	212	49	69	62.94	891	10.96
1933	83,410	1460	1140	13.67	1086	13.02	220	59	37	32.46	925	11.09
1934	85,800	1578	1200	13.98	1104	12.87	280	42	54	45.00	866	10.09
1935	88,200	1748	1344	15.24	1130	12.81	289	52	41	30.51	893	10.12
1936	90,140	1787	1379	15.30	1153	12.79	299	62	62	44.96	916	10.16
1937	92,440	1779	1343	14.53	1193	12.90	297	57	49	36.48	953	10.31
1938	94,090	1867	1438	15.28	1128	12.00	300	44	51	35.47	872	9.27
1939	96,200	1966	1340	14.02	1248	13.97	397	55	31	22.68	906	9.87
1940	96,570	2417	1401	14.51	1608	16.65	484	79	62	40.39	1203	12.45
1941	106,900	3144	1506	14.09	1584	14.82	520	64	57	34.25	1136	10.63
1942	104,600	3124	1612	15.41	1480	14.51	519	59	54	33.5	1020	9.75
1943	103,900	3166	1676	16.13	1510	14.53	482	66	55	32.82	1094	10.53
1944	100,370	3554	1889	18.82	1484	14.78	566	60	46	24.35	978	9.74
1945	98,020	2858	1683	17.17	1509	15.39	510	57	59	35.05	1056	10.77
1946	100,590	2970	1838	18.27	1430	14.21	476	57	60	32.64	1011	10.05
1947	103,210	3195	1895	18.36	1484	14.38	434	64	56	29.55	1114	10.79
1948	105,150	2833	1628	15.48	1328	12.63	461	40	38	23.34	907	8.63
1949	107,100	3022	1643	15.34	1500	14.00	506	77	44	26.78	1071	10.00
1950	108,200	2981	1549	14.32	1504	13.91	520	67	31	20.01	1051	9.71
1951	106,400	2956	1543	14.50	1608	15.11	579	83	29	18.79	1112	10.45

\* Population birth rate.

City Extended 1st April, 1929.

The rates for 1939, 1940 and 1941 are based on figures of births supplied by the Registrar General which are adjusted to allow for evacuation population.



# CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE CITY OF OXFORD DURING 1951

(Table of Registrar General)

CAUSES OF DEATH	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES .. .. .	1112	29	10	7	10	46	251	287	472
1 Tuberculosis, respiratory ..	24	—	—	—	—	3	14	5	2
2 Tuberculosis, other .. ..	5	—	1	—	1	1	1	—	1
3 Syphilitic disease .. .. .	5	—	—	—	—	—	1	2	2
4 Diphtheria .. .. .	—	—	—	—	—	—	—	—	—
5 Whooping Cough .. .. .	—	—	—	—	—	—	—	—	—
6 Meningococcal infections ..	1	—	—	—	—	—	1	—	—
7 Acute poliomyelitis .. ..	—	—	—	—	—	—	—	—	—
8 Measles .. .. .	—	—	—	—	—	—	—	—	—
9 Other infective and parasitic diseases .. .. .	3	—	—	—	—	1	1	1	—
10 Malignant neoplasm, stomach ..	25	—	—	—	—	1	5	8	11
11 Malignant neoplasm, lung, bronchus	44	—	—	—	—	2	32	7	3
12 Malignant neoplasm, breast ..	19	—	—	—	—	—	11	7	1
13 Malignant neoplasm, uterus ..	5	—	—	—	—	1	3	1	—
14 Other malignant and lymphatic neoplasms .. .. .	118	—	—	—	—	11	37	32	38
15 Leukaemia aleukaemia .. ..	7	—	2	1	—	1	—	2	1
16 Diabetes .. .. .	6	—	—	—	—	—	—	3	3
17 Vascular lesions of nervous system	140	—	—	—	—	3	19	46	72
18 Coronary disease, angina ..	178	—	—	—	—	2	34	69	73
19 Hypertension with heart disease ..	29	—	—	—	—	—	8	9	12
20 Other heart disease .. ..	150	—	—	—	—	4	18	26	102
21 Other circulatory disease ..	31	—	—	—	—	—	5	8	18
22 Influenza .. .. .	20	—	—	—	—	—	3	5	12
23 Pneumonia .. .. .	50	4	2	—	—	—	6	7	31
24 Bronchitis .. .. .	51	—	—	—	—	—	13	15	23
25 Other diseases of respiratory system	21	—	—	1	—	2	7	4	7
26 Ulcer of stomach and duodenum ..	9	—	—	—	—	—	5	1	3
27 Gastritis, enteritis and diarrhoea ..	6	2	1	—	—	—	1	—	2
28 Nephritis and nephrosis .. ..	14	—	—	—	—	3	3	4	4
29 Hyperplasia of prostate .. ..	10	—	—	—	—	—	—	4	6
30 Pregnancy, childbirth, abortion ..	—	—	—	—	—	—	—	—	—
31 Congenital malformations ..	10	5	1	—	3	—	—	—	1
32 Other defined and ill-defined diseases .. .. .	90	18	2	3	2	7	13	13	32
33 Motor vehicle accidents .. ..	7	—	—	—	1	1	3	1	1
34 All other accidents .. .. .	27	—	1	2	3	—	4	7	10
35 Suicide .. .. .	7	—	—	—	—	3	3	—	1
36 Homicide and operations of war ..	—	—	—	—	—	—	—	—	—

The deaths of Oxford residents registered away from Oxford are included in, and the deaths of non-residents registered in Oxford are excluded from the Oxford net deaths.



**(b) According to Place of Birth (Registered Births)**

	Residents	Non-residents
Born in Radcliffe Maternity Department ...	445	832
Born in Churchill Hospital ... ..	398	539
Born in St. Anne's Nursing Home ... ..	70	41
Born in Oxford Maternity Home ... ..	59	48
Born in Private Houses ... ..	511	10
	1483	1473

**(c) Registered Births in Wards (Oxford City)**

Ward	Estimated Population	Live Births	Birth Rate
A. Summertown and Wolvercote	12,270	138	11.25
B. North ... ..	11,416	149	13.05
C. West ... ..	11,396	114	10.00
D. South ... ..	11,211	156	13.91
E. East ... ..	15,788	172	10.89
F. Headington and Marston ...	19,145	423	22.09
G. Cowley and Iffley ... ..	25,174	331	13.15
	106,400	1483	13.94

**CLASSIFICATION OF CAUSES OF DEATH**

The preceding table gives a short analysis of the causes of death and the ages at which they occurred. Of the total of 1112 deaths, 555 were male and 557 female.

The death rate of 10.45 (recorded) is slightly higher than in 1950 when it was 9.71. The death rate for England and Wales was 12.5.

It is satisfactory to note that deaths from tuberculosis continued to remain at a low level for 1951, 24 of the respiratory system and 5 other forms, compared with 23 of the respiratory system and 5 other forms in 1950.

For the second year in succession there were no deaths from either scarlet fever, diphtheria, measles or whooping cough.

**RESIDENTS WHO DIED IN INSTITUTIONS IN OXFORD 1951**

United Oxford Hospitals .. .. .	391
Acland Home .. .. .	21
Restholme Nursing Home .. .. .	15
St. Basil's Home .. .. .	2
St. John's Home .. .. .	1
Carried forward .. .. .	430

Brought forward	..	..	..	..	430
Nazareth Home	..	..	..	..	1
Warneford Hospital	..	..	..	..	4
Wingfield-Morris Orthopaedic Hospital	..	..	..	..	3
The Laurels	..	..	..	..	8

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\*446

\* = 27.7% of total deaths.

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## RESIDENTS WHO DIED AWAY FROM OXFORD

1951

Littlemore Mental Hospital	..	..	..	..	..	..	32
Other Institutions and Nursing Homes			..	..	..	..	25
Private Houses	..	..	..	..	..	..	22
Accidents, etc.	..	..	..	..	..	..	4

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## NON-RESIDENTS WHO DIED IN OXFORD

1951

United Oxford Hospitals	..	..	..	..	..	..	483
Acland Home..	..	..	..	..	..	..	14
Oxford Maternity Home	..	..	..	..	..	..	1
Restholme Nursing Home	..	..	..	..	..	..	2
St. Basil's Home	..	..	..	..	..	..	1
St. John's Home	..	..	..	..	..	..	7
Nazareth Home	..	..	..	..	..	..	1
Warneford Hospital	..	..	..	..	..	..	5
Wingfield-Morris Orthopaedic Hospital			..	..	..	..	1
Private Houses	..	..	..	..	..	..	24
Accidents, etc.	..	..	..	..	..	..	40

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579

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## DEATHS FROM TUBERCULOSIS

YEARS 1924—1951

	PULMONARY							NON-PULMONARY						
	0-	1-	5-	15-	45-	65-	Total	0-	1-	5-	15-	45-	65-	Total
1924	—	—	2	22	11	1	36	2	4	3	3	—	—	12
1925	—	—	3	26	13	1	43	1	1	2	1	1	—	6
1926	1	—	—	31	6	3	41	1	3	1	4	—	1	10
1927	—	—	3	28	16	—	47	—	1	1	3	—	1	6
1928	—	1	1	24	7	3	36	—	2	—	4	2	1	9
1929	—	—	4	23	13	3	43	—	—	2	1	2	—	5
1930	—	—	—	35	14	3	52	—	2	1	2	1	1	7
1931	—	—	2	34	15	3	54	1	2	5	1	1	—	10
1932	—	—	—	25	11	3	39	—	3	2	5	1	—	11
1933	—	—	—	41	16	3	60	—	2	4	4	3	—	13
1934	—	—	1	32	16	3	52	—	4	1	1	2	—	8
1935	1	1	2	30	12	5	51	—	2	2	1	—	1	6
1936	—	—	—	23	18	3	44	1	2	2	2	1	—	8
1937	—	—	—	29	23	1	53	—	4	1	4	1	1	11
1938	—	—	—	26	17	4	47	1	2	1	5	—	—	9
1939	—	1	1	24	13	3	42	—	2	3	3	—	—	8
1940	—	—	—	36	10	—	46	1	2	—	4	1	—	8
1941	1	—	—	27	17	3	48	—	3	—	5	—	1	9
1942	1	1	2	24	27	3	58	1	—	1	4	1	1	8
1943	1	—	—	22	14	7	44	—	1	1	6	—	1	9
1944	1	1	—	25	9	4	40	—	1	2	2	2	—	7
1945	1	—	—	22	9	5	37	—	—	—	4	2	—	6
1946	—	—	—	16	10	2	28	1	3	1	4	3	1	13
1947	—	—	1	25	10	3	39	—	—	—	3	2	—	5
1948	—	—	—	24	8	4	36	—	—	1	1	3	1	6
1949	—	—	—	11	4	9	24	—	1	—	2	—	1	4
1950	—	—	1	7	9	6	23	—	—	1	1	3	—	5
1951	—	—	—	3	14	7	24	—	1	—	2	1	1	5

The following table shows the distribution of the infant deaths and stillbirths during 1951 (excluding inward transfers).

Ward				Estimated Population	Infant Mortality Number	Infant Mortality Rate	Stillbirths Number	Stillbirths Rate
A.	Summertown and Wolver-							
	cote	...	...	12,270	—	—	3	21.27
B.	North	...	...	11,416	2	13.42	—	—
C.	West	...	...	11,396	3	26.31	—	—
D.	South	...	...	11,211	6	38.46	3	18.86
E.	East...	...	...	15,788	2	11.63	4	22.71
F.	Headington and Marston			19,145	11	26.48	11	25.32
G.	Cowley and Iffley		...	25,174	4	15.10	7	20.71
				106,400	28	18.88	28	18.59

70 Inquests were held in Oxford during 1951, of which 25 were on the deaths of residents and 45 on the deaths of non-residents. 9 Inquests were held on the deaths of residents who died away from Oxford.

The following table shows the deaths from cancer under various headings for the last twelve years.



	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
*Buccal cavity and oesophagus (male)	12	8	8	8	12	6	6	6	3	4	—	—
Uterus (female)	14	9	6	9	10	13	14	16	8	12	12	5
Stomach and duodenum—												
Male ..	18	14	5	11	10	7	12	14	14	18	—	—
Female ..	12	17	17	12	11	11	6	23	10	16	—	—
*Stomach—												
Male ..	—	—	—	—	—	—	—	—	—	—	12	12
Female ..	—	—	—	—	—	—	—	—	—	—	11	13
*Lung, bronchus—												
Male ..	—	—	—	—	—	—	—	—	—	—	35	37
Female ..	—	—	—	—	—	—	—	—	—	—	5	7
Breast ..	18	21	25	22	26	26	20	18	13	18	22	19
All other sites—												
Male ..	43	60	42	55	57	57	55	54	57	58	55	72
Female ..	41	34	50	55	57	53	48	51	43	46	40	46
Totals ..	158	163	153	172	183	173	161	182	148	172	192	211

\* (Classification of sites amended from 1950).

Age and sex distribution of Cancer deaths.

	All Ages	0-	1-	5-	15-	25-	45-	65-	75-
Male .. ..	121	—	—	—	—	8	55	35	23
Female .. ..	90	—	—	—	—	7	33	20	30
Total .. ..	211	—	—	—	—	15	88	55	53

Analysis of deaths from cancer in 1951 according to the site of the disease:

	MALE								FEMALE							
	0-	1-	5-	15-	25-	45-	65-	75-	0-	1-	5-	15-	25-	45-	65-	75-
Stomach ..	—	—	—	—	—	4	5	3	—	—	—	—	1	1	3	8
Lung, bronchus	—	—	—	—	1	26	7	3	—	—	—	—	1	6	—	—
Breast .. ..	—	—	—	—	—	—	—	—	—	—	—	—	—	11	7	1
Uterus .. ..	—	—	—	—	—	—	—	—	—	—	—	—	1	3	1	—
All other sites ..	—	—	—	—	7	25	23	17	—	—	—	—	4	12	9	21
Total ..	—	—	—	—	8	55	35	23	—	—	—	—	7	33	20	30

## S E C T I O N   I I I

### GENERAL HEALTH SERVICES

#### (a)   AMBULANCE SERVICE

##### 1.   Administration

No administrative changes have occurred during the year, but the staff have been kept fully occupied consequent upon the increased calls that have been made on the Service. The peak period was reached in July when the total number of patients carried in the month reached over 4,000 and the mileage nearly 30,000; the highest figures since the commencement of the National Health Service in 1948. There is no doubt that the greater number of patients carried is accounted for by increased out-patient attendances and increased inter-hospital transport arising principally as a result of developments at the Churchill and Cowley Road Hospitals. For instance, the opening of the radiotherapy unit at the Churchill Hospital and the physiotherapy clinic at Cowley Road Hospital have made heavy demands on the Service. The total number of patients carried in the year was approximately one-third more than in 1950, but there was a small decrease in the total mileage due possibly to the increased number of patients sent by rail.

##### 2.   Mode of Transport

More use was again made of rail travel and 217 patients were sent by this means compared with 133 last year, an increase of 50%. Owing to the restriction on long distance through trains during the latter part of the year, it was not possible to send as many patients as one could have wished. The administrative work involved in sending patients by rail is far greater than by road, but the saving in cost is considerable.

##### 3.   Ambulance Depot.

Very little progress has been made towards the provision of the new Depot. A starting date for the commencement of the work is awaited from the Ministry of Health.

##### 4.   Staff

It was necessary during the summer to engage two additional driver/attendants to relieve the pressure arising from the increased number of patients, and the number of driver/attendants employed is now 28. No additional clerical staff have been engaged and the administrative staff remains as follows:—

1 Controller  
 1 Deputy Controller  
 5 Clerk/Telephonists  
 1 Mechanic  
 1 Vehicle Cleaner.

## 5. Vehicles

Two new ambulances and a Utelecon vehicle were received during the year to replace old vehicles. The two Bedford ambulances with a long wheel base chassis have been found to be of great value in taking a number of sitting cases when not required for stretcher cases. The Utelecon vehicle, the interior of which was designed to our own specifications, has proved particularly useful, as it can take either four sitting cases or two sitting cases plus a stretcher case. It has been found to be very suitable in cases where an escort is required to travel with a stretcher case, especially on a long journey. The price of such a vehicle is much less than an ambulance and the running costs are also much lower.

The Hospital Car Service has continued to be of great help to the Ambulance Service by providing transport when necessary and has been used particularly for clinic patients.

The repair and maintenance bill still remains a heavy one due to the great mileage required from each vehicle and to the cost of spare parts, particularly tyres, which have increased enormously. The Transport Section of the City Engineer's Department continues to carry out the major repairs to the vehicles and this arrangement has again proved of inestimable value.

## 6. Activities

The following table gives details of the work undertaken by the Ambulance Service during 1951:—



TABLE

	AMBULANCES				MUNICIPAL SITTING-CASE CARS				W.V.S. HOSPITAL CAR SERVICE				TOTALS		TRAIN JOURNEYS
	No. of cases removed	Mileage	Average No. of patients per day	Average No. of miles per patient	No. of cases removed	Mileage	Average No. of patients per day	Average No. of miles per patient	No. of cases removed	Mileage	Average No. of patients per day	Average No. of miles per patient	No. of cases removed	Mileage	No. of cases removed
1951	1695	10520	54.67	6.20	1093	11654	35.25	10.66	599	4640½	19.38	7.74	3387	26814½	20
	1729	10778	61.71	6.23	703	10180	25.10	14.33	555	3823½	19.82	6.88	2987	24781½	12
	1627	11291	52.48	6.93	937	10761	32.25	11.48	668	6201½	21.54	9.28	3232	28253½	10
	1566	10090	52.20	6.44	1053	10881	35.10	10.33	651	4994	21.70	7.67	3270	25965	19
	1587	9850	51.19	6.20	1314	11933	42.38	9.08	763	5117	24.61	6.70	3664	26900	13
	2026	11055	67.53	5.45	1054	10613	35.13	10.06	651	5667½	21.70	8.70	3731	27335½	29
	2127	12756	68.61	5.99	1175	12483	37.90	10.62	711	4597	22.93	6.46	4013	29836	22
	1715	10294	55.33	6.00	1414	13379	45.61	9.46	542	3335½	17.48	6.15	3671	27008½	19
	1976	11072	65.86	5.60	972	11526	32.40	11.85	324	2403½	10.80	7.41	3272	25001½	22
	1961	11668	63.25	5.94	1359	11887	43.83	8.74	500	3314	16.12	6.62	3820	26869	17
	1906	11172	63.53	5.86	1128	13275	37.60	11.76	469	2920	15.63	6.22	3503	27367	17
	1613	10316	52.03	6.33	959	10203	30.93	10.63	427	3226½	13.77	7.55	2999	23745½	17
	21528	130862	58.98	6.03	13161	138775	36.06	10.54	6860	50240½	18.52	7.32	41549	319877½	217

## 7. Emergency Calls

During the year, 1,595 emergency journeys (1,564 emergencies in 1950) were undertaken in the City, as follows:—

(a) Central (within the circle Magdalen Bridge, Folly Bridge, the Station, and St. Giles')	..	..	..	..	302
(b) North of St. Giles'	..	..	..	..	237
(c) South of Folly Bridge	..	..	..	..	61
(d) West of Stations	..	..	..	..	61
(e) East of Magdalen Bridge	..	..	..	..	934

These figures reveal that 58.7% of the calls were received from east of Magdalen Bridge.

### (b) LABORATORY SERVICE

#### Bacteriological Examinations

Examinations of swabs and other specimens from cases of infectious disease and from contacts and suspected carriers, have been carried out by the Public Health Laboratory, Walton Street, Oxford, from whom considerable help has been received.

The detailed investigation into the incidence of symptomless carriers in home contacts, carried out during the Sonne dysentery outbreak in January—March, was made possible by the assistance of the laboratory staff.

Routine testing of samples of blood and faeces from employees of the Waterworks Department, and the supply of the necessary sterile syringes and specimen jars is willingly undertaken by the Public Health Laboratory.

#### Analytical Examinations

Messrs. Thomas McLachlan and Partners, Analytical Chemists, have continued as Public Analysts to the City. Their main laboratory is at London, but they have a smaller laboratory at Reading where many of the routine samples are tested.

### (c) HEALTH VISITING

#### 1. Staff

Largely as a result of the scheme for the assisted training of health visitors there was a further improvement in the staffing situation during 1951. The three students who took their examination in April all passed and joined the staff. At the end of the year we were only one short of our full establishment.

**2. Home visits paid by Health Visitors during the year**

To infants under one year	..	..	..	11,776
To children between 1 and 5 years	..	..	14,551	
Others*	..	..	2,096	
<hr/>				
Total	..	..	28,423	
<hr/>				

\* "Others" comprise:—Expectant mothers.  
Infection control.  
Aged and infirm.  
Hospital follow-up visits.  
Special visits which cannot be conveniently classified.

The total number of visits shows an increase of 2742 as compared with 1950.

Visits to tuberculous patients are shown in Section IV (c) of this report.

All the health visitors are also school nurses, and their work in this capacity is included in the report of the School Medical Officer.

**3. Work at Child Welfare Clinics**

A health visitor was present at all the 790 sessions of child welfare clinics held during the year.

**4. Test feeding**

A number of pairs of test-feeding scales are kept at the Health Department. They are loaned to mothers for use in their own homes at the request of the family doctor, clinic doctor or health visitor. They are often of great value in solving breast-feeding problems. During the year scales were sent out for this purpose by the Department's van on 218 occasions.

**5. Liaison with Hospital Maternity Departments and Domiciliary Midwives**

One of the health visitors has continued to visit the lying-in wards of both the Radcliffe Maternity Home and the Churchill Hospital each week. She is able in this way to tell the mothers about the facilities available for them when they go home and also to keep her colleagues informed about mothers and babies shortly to be discharged to their districts. The health visitors have also met the domiciliary midwives at the mother's home whenever it has been possible to arrange it.

**6. Liaison with Hospital Paediatric Departments and Diabetic Clinic**

Members of the health visiting staff continued to attend paediatric outpatient sessions at both the Radcliffe Infirmary and Churchill Hospital. This arrangement provides a very useful link between the preventive and curative services for young children. In addition the paediatric department greatly helps the work of the health visitors by providing



reports about children treated as in-patients or out-patients and also about babies who attend the special follow-up clinic held at the Radcliffe for premature and abnormal (or potentially abnormal) babies born in either of the obstetric departments.

One of the health visitors has continued to attend the diabetic clinic at the Radcliffe Infirmary and to visit certain patients at home in order to help them carry out their regime.

## 7. Teaching of Student Health Visitors

The students of the Oxfordshire County Council's Health Visitors' training school again carried out much of their practical work in the City. They paid home visits with members of the staff and attended every type of clinic. All of the eighteen students who began the course in September 1951 obtained their health visitors' certificate at the first attempt. Some of the credit for this excellent result must go to the many members of our staff who helped with their instruction.

## 8. Scheme for the assisted training of Health Visitors

Three students were appointed to take the course beginning in September 1951, but one resigned on her marriage before the completion of the course.

## 9. Teaching of Nursery Students

Students taking the National Nursery Examination Board course received lectures and practical instruction from members of the staff during the year.

### (d) HOME HELPS

#### 1. Staff

The Health Committee, at its meeting in February, decided to fix a maximum establishment of home helps:—

Full-time	.. .. .	25
Part-time	.. .. . equivalent of	45 full-time

It was also decided to guarantee the 20-hour week for regular part-time home helps working Monday to Friday, 9 a.m. to 1 p.m., in the same way as the 27-hour week is guaranteed for those working Monday to Saturday 8.30 a.m. to 1 p.m. The home helps' wages were raised 2*d.* per hour, from 1/9 to 1/11 (diploma holders from 1/10½ to 2/0½), and a travelling allowance of 2/6 per week was introduced.

During the year an average staff of 81 was maintained, classified as follows:—

Full-time	.. .. .	24
Regular part-time	.. .. .	53
Temporarily recruited for particular cases		4

So far it has not been thought justifiable to recruit additional staff up to the new establishment and the actual number employed is the same as last year. At moments of peak demand a few cases have to be refused but there are also slack periods when the staff is not fully employed. The actual demand is wholly unpredictable and fluctuates from day to day.

During the year 10 home helps were available for work with tuberculous patients, an increase of 5 over the previous year. So far the specialised services of these home helps have not all been required at the same time.

## 2. Cases helped during the year

Old cases continued	..	..	..	..	156
New cases	..	..	..	..	529
					<hr/> 685 <hr/>

These were classified as follows:—

Home confinements	..	..	..	..	160
Other maternity cases	..	..	..	..	106
Illness	..	..	..	..	267
Tuberculosis	..	..	..	..	29
Chronic sick	..	..	..	..	28
Aged	..	..	..	..	95
					<hr/> 685 <hr/>

It was necessary to refuse help to 16 cases in the year due to the fact that all home helps were at the time fully occupied. 12 of these refusals occurred in January and February during the influenza epidemic.

## 3. Assessment

The assessment scale continues to work satisfactorily and only 3 exceptional cases have been referred to Committee during the year.

New cases were classified for payment as follows:—

Full payment	..	..	..	..	66
Part payment	..	..	..	..	215
Free	..	..	..	..	248
					<hr/> 529 <hr/>

## 4. Training and Diploma

In the autumn the usual lectures were given to the home help staff by members of the Health Department, and we were again indebted to

the Southern Electricity Board for lectures and demonstrations on domestic subjects.

Five home helps took the examination held by the National Institute of Houseworkers and all obtained the Diploma.

### (e) HOME NURSING

The Oxford District Nursing Association continues to provide a home nursing service on behalf of the City Council.

#### 1. Staff

Number of Home Nurses employed at 31st December, 1951:—

Administrative	..	..	..	..	..	..	3
Queen's Nurses:—							
Resident full-time	..	..	..	..		8	
Non-resident full-time		..	..	..		1	
Non-resident part-time		..	..	..		1—	10
Queen's Student Nurses (1 non-resident)	..	..	..	..			5
State-registered non-resident full-time	..	..	..	..			2
							—
							20
							=
(Equivalent to a full-time staff of 19 $\frac{2}{3}$ )							

#### 2. Cases nursed during the year

Number of cases attended by Home Nurses during the year .. 2,738  
(compared with 2,073 in 1949 and 2,153 in 1950)

Number of visits paid by Home Nurses during the year .. 64,478  
(compared with 54,735 in 1949 and 58,690 in 1950)

#### 3. Training School

During 1951 15 Queen's Student Nurses entered for their examination and they were all successful. The staff of the Health Department provided many of the lectures and facilities were given to students to pay observation visits to clinics, nurseries, etc.

#### 4. Loan of Nursing Equipment

The three Nurses' Homes at 39/41 Banbury Road, 1 Southern Road, Headington, and 23 Hollow Way, Cowley, continue to keep a small stock of nursing equipment to lend to patients in need of it. This has been supplemented by the Medical Loan Department of the British Red Cross Society of 101 Banbury Road. The City Council made a grant of £100 plus £50 for renewal of equipment towards this latter service in the financial year 1951—1952. Details of the equipment loaned in the City during the year are as follows:—



Air ring .. .. .	163
Bed pan .. .. .	126
Rubber bed pan .. .. .	12
Bedrest .. .. .	123
Bed table .. .. .	11
Cradle .. .. .	27
Commode .. .. .	25
Crutches .. .. .	34
Feeding cup .. .. .	7
Hot water bottle .. .. .	2
Wheel chair .. .. .	62
Urinal .. .. .	46
Air bed .. .. .	23
Rubber sheet .. .. .	123
Leg rest .. .. .	1
Sticks .. .. .	9
Steam kettle .. .. .	2
Bed blocks .. .. .	3
Bell .. .. .	1
Bowl .. .. .	1
<hr/>	
Total .. .. .	801
<hr/>	

### (f) NURSING HOMES AND AGENCIES

The following Nursing Homes were on the register at 31st December, 1951:—

	<i>Maternity Beds</i>	<i>Other Beds</i>
Acland Home, Banbury Road .. .. .	—	35
Castle Nursing Home, 7 Davenant Road .. .. .	—	3
Oxford Maternity Home, 90 Banbury Road .. .. .	12	4
Restholme, 230 Woodstock Road .. .. .	—	5
St. Anne's Nursing Home, Ambleside Drive .. .. .	7	—
St. John's Home, St. Mary's Road .. .. .	—	60
<hr/>		<hr/>
	19	107
<hr/>		<hr/>

(The Oxford Maternity Home closed on 31.3.52.)

A total of 16 inspections were made by members of the staff of the Health Department.

The Acland Home, Banbury Road, was on the register as an agency for the supply of nurses.

**(g) CONVALESCENCE**

A total of 35 patients were sent for recuperative holidays during the year, comprising 1 man, 24 women and 10 children. 25 cases were referred to the Department by almoners of hospitals and 10 by patients' own doctors. Included in these figures are 5 tuberculosis cases and 2 blind patients.

The total cost to the Council was £230 10s. 11d.

Under Section 28 of the National Health Service Act, this service continues to fill a real need.

Accommodation for all patients during this period has been obtained without too much difficulty.

Details are shown in the following list:—

<i>Convalescent Home</i>	<i>Nos. accommodated</i>	
	<i>Adults</i>	<i>Children</i>
St. Luke's Home, Exmouth .. ..	3	—
N.S.S.U. Children's Home, Broadstairs .. ..	—	1
Beau Site Home, Hastings .. ..	3	—
Resthaven, Exmouth .. ..	3	—
Sunbeam Children's Home, Lancing .. ..	—	1
St. Peter's Convent Home, Woking .. ..	1	—
Bell Memorial Home, Lancing .. ..	4	—
The Hermitage, Hastings .. ..	1	—
N.S. Rest Home, Wooton-under-Edge .. ..	2	5
Maitland House, Frinton-on-Sea .. ..	4	—
The Cottage, Fyfield .. ..	1	—
Hollis, 14 Wilfred Road, Boscombe .. ..	1	1
Shoreditch Rest Home, Copthorne .. ..	1	2
Margaret Champney Home, Slough .. ..	1	—
	—	—
	25	10
	==	==

**(h) HEALTH CENTRES**

There were no developments during the year in connection with the provision of health centres and no further communication was received from the Ministry of Health on the matter.

**(i) HEALTH EDUCATION**

Use has been made during the year, at clinics and at meetings, of leaflets, posters, and pamphlets published by the Central Council of Health Education. Courses of instruction have been given to Mothercraft Classes which have again been held at Botley Road Day Nursery and Bury Knowle Clinic. Home Helps have been given short talks on clean food preparation, the work of a sanitary inspector, and simple First Aid.

The most valuable health education has continued to be that carried out on a personal basis by doctors, health visitors, nurses, midwives, sanitary inspectors, and other members of the Health Department, in the course of their normal duties.

Every effort is made to meet the request for speakers, and members of the Health Department have given the following talks during the year:—

*February*

“Health Services of the City”	National Association of Local Government Officers: “Public Relations”.
“Hygiene of Food and Shops”	The Co-operative Managers’ Group.
“The Work of a Sanitary Inspector”	Cowley Townswomen’s Guild.
“Health Services of Oxford”	Marston Congregational Guild.
“Growing Up”	Marston Parenthood.

*March*

“Immunization against Disease”	St. Luke’s Fellowship, Canning Crescent.
“Health”	Marston Parenthood.
“Food Hygiene”	The Oxford Food Trades.
“Dairy Hygiene” (Filmshow and talk)	Oxford and District Dairy Staffs.
“Food Hygiene”	Headington Co-operative Women’s Guild.

*April*

“Health Services of Oxford”	Regal Residents’ Association.
“Recent Advances in the Control of Infectious Diseases”	Association of Supervisors of Midwives, Conference.

*May*

“National Health Service”	Royal College of Midwives, Conference.
“Food Hygiene” (Filmshow and talk)	Oxford Caterers’ Association.

*July*

“National Health Service”	Swedish Conference.
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*August*

“National Health Service”	Swedish Conference.
“Recent Advances in the Control of Infectious Diseases”	Association of Women Science Teachers, British Social Biology Council Summer School.
“Environmental Hygiene”	do.



*September*

“Environmental Hygiene”

do.

*October*“The Work of a Sanitary  
Inspector”

New Hinksey School, Seniors.

“Home Help for Old People”

Old People’s Welfare Committee  
(Y.M.C.A. Visitors’ Meeting).“The Work of a Sanitary  
Inspector”Temple Cowley Congregational Church  
Group.*November*

“Child Welfare Services”

Littlemore Co-operative Women’s Guild.

“The Health Service”—  
Any QuestionsMargaret Road Senior School Parent/  
Teacher Association.“The Health Service”—  
Any Questions

Slade Nursery School Mothers’ Club.

“Food Hygiene”

Headington Co-operative Women’s  
Guild.*December*

“Food Hygiene”

Caterers’ Association.

“Food Hygiene”

Cowley Congregational Church Group.

In view of the fact that Oxford is a University and Teaching Centre, senior members of the staff of the Department are called upon to take part in the formal instruction of medical students, health visitors, district nurses, midwives, nursery nurses, etc. This arrangement has proved of mutual advantage to staff and students.

**(j) DOMICILIARY OCCUPATIONAL THERAPY SERVICE**

A little occupational therapy work had been undertaken at The Laurels with the greatest benefit to those residents who had participated. It was considered that there was a great need for a domiciliary occupational therapy-service for the home-bound patient. It was thought that perhaps half of these would be cases of tuberculosis and that many of the remainder would be cases of crippling due to rheumatoid arthritis, poliomyelitis, etc. There might be short-term cases following some accident or acute illness. It was decided to convert the front block at The Laurels to an occupational therapy centre to act as the headquarters for the domiciliary service as well as catering for occupational therapy work within The Laurels.

An appointment of a senior occupational therapist was made during the year and she will have the part-time services of the present occupational therapist working at the Laurels. In addition, it is hoped that some help may also be obtained from selected B.R.C.S. workers and that students from the Dorset House School of Occupational Therapy might also take

part of their training by being attached to the unit at The Laurels. Miss Macdonald, Principal at the Dorset House School of Occupational Therapy, has been most helpful in giving advice concerning the inauguration of this new service.

The following report has been submitted by Miss Ella Targett, Senior Occupational Therapist, but as she only took up her duties on the 1st October, 1951, her report is mainly concerned with the organisation of the new scheme:—

“The domiciliary occupational therapy service started on October 1st, 1951, and between that date and December 31st, 60 patients were visited. The majority of these were cases of tuberculosis but other medical and surgical conditions were included. Some of the cases have been treated on the recommendation of their general medical practitioners as a result of the circular letter informing the doctors of this new service. Others were recommended by the Chest Clinic and some were transferred from lists of home-bound persons in the possession of the B.R.C.S.

It has been possible to impress upon the patients the fact that if sales were to be made the standard of craft work should be high. The first avenue of sale is the Blind Shop in Little Clarendon Street, but the “Helping Hand” Stall in the Oxford Market has also been used.

The sale of goods made by the disabled has proved of immense psychological value to the patients themselves, and especially to long-term cases. They no longer feel useless but are able to play their part, however small, in augmenting the family budget, or at least in providing themselves with some necessities and amenities they would not otherwise have. This successful change in mental outlook is achieved at the same time as physical improvement resulting from the specialised treatment given for their particular disability.

The co-operation of the Chest Clinic Staff, achieved by my attendance at the Clinic Conference, which takes place every Wednesday morning, has been most helpful in solving some of the problems which inevitably arise when a new scheme is launched.

In future reports I hope to give some statistics regarding the patients treated. The three months covered by this report have been largely spent in organising the service and making contacts.”

### (h) CO-ORDINATING COMMITTEE for

### CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

A Co-ordinating Committee, with the Town Clerk as Co-ordinating Officer, was formed at the beginning of the year to consider the problems of individual children neglected or maltreated within their own homes. Lists of problem families were prepared and monthly meetings held at which individual cases were considered. These meetings were useful but

the value of the discussion was limited by the fact that many of those taking part had no personal knowledge of the problem families themselves. The difficulties of individual problem families can only be adequately defined and solved by field workers who know the background of each case. Many different field workers are concerned and there must be active liaison between them.

The Health Department and the Children's Department are mainly concerned in these cases, and towards the end of the year it was agreed that the Children's Officer should in future act as Co-ordinating Officer and that the meetings should be held at 3-monthly intervals.



## SECTION IV

## INFECTIOUS DISEASES AND INFESTATION

## (a) EPIDEMIOLOGY

**Smallpox**

No case of smallpox was reported in Oxford during the year.

**Scarlet Fever**

76 cases of scarlet fever occurred during the year. This compares with 39 cases in 1950 and 76 in 1949, both figures which represented the previous lowest recorded figures. Attacks of scarlet fever continue to be very mild and no deaths occurred. Very few complications were reported.

**Diphtheria**

For the second year in succession no case of diphtheria was reported from Oxford. It is interesting to note that in the decade 1933—1942 the average annual number of notifications was 25. This remarkable and most satisfactory reduction since 1942 has been due to the intensification of the immunization campaign.

**Typhoid and Paratyphoid Fevers**

No cases of these diseases occurred in Oxford during the year.

**Poliomyelitis**

4 cases of paralytic poliomyelitis were notified during the year, 1 of these cases occurred in August, 1 in September and 2 in December; 3 of the patients were adults.

All the cases were admitted to the Slade Hospital from which 3 were transferred to the Wingfield-Morris Orthopaedic Hospital and 1 discharged home.

**Acute Encephalitis**

2 cases of acute encephalitis were reported during the year. 1 of these was an encephalitis following mumps in a girl of eight years who made a complete recovery; the other patient was a boy aged one who developed a virus encephalitis of unknown origin. This child is still a patient in the Radcliffe Infirmary.

**Meningococcal Infection**

There were 4 cases of meningococcal infection, with one death in a man of 63 years.

## Measles

1294 cases of measles were notified during the year. This compares with 986 cases in 1950, 1141 in 1949 and 1472 in 1948. During each of the past four years there has been a high incidence without there being a marked epidemic.

## Whooping Cough

741 cases of whooping cough were notified during the year which is the highest figure since 1947.

The distribution of cases in age groups is given in the following table:—

<i>Number of cases</i>	<i>Age group</i>
81	under 1 year.
405	1—4 years.
215	5—9 years.
20	10—14 years.
20	15 and over.

Compared with last year there has been a greater proportion of younger children affected, particularly in the age group 1—4 years.

## Dysentery

255 cases of dysentery were notified during the year. In all of them the infecting organism was *Shigella Sonnei*.

Most of these cases were connected with a sharp epidemic which occurred from January to April in the Donnington area. Commencing in two nursery classes of Donnington Infant School the infection spread slowly throughout the area. A special investigation was carried out in this outbreak and it is hoped to publish a full report in the medical press.

## Food Poisoning

23 cases of food poisoning were traced during the year. In 13 of these patients the causative organism was *Salmonella Typhi-murium* and in the remaining 10 *Salmonella Enteritidis*. Most of these infections were not severe and there was no fatal case.

## Summary of outbreaks of Food Poisoning which occurred during 1951

### 1. *Outbreaks due to identified agents:—*

Total outbreaks—1.

Total cases—10.

Outbreaks due to:—

(a) Chemical poisons—Nil.

(b) *Salmonella* organisms—1.

(c) *Staphylococci* (including toxin)—Nil.

(d) *Cl. botulinum*—Nil.

(e) Other bacteria—Nil.

The 10 cases due to *Salmonella Enteritidis* were reported in October and occurred in four private houses and in a residential independent school. These places were all widely separated from each other and the cases within the school were all in boys of different ages and houses. No connecting link was traced and it was not possible to implicate any infecting foodstuff.

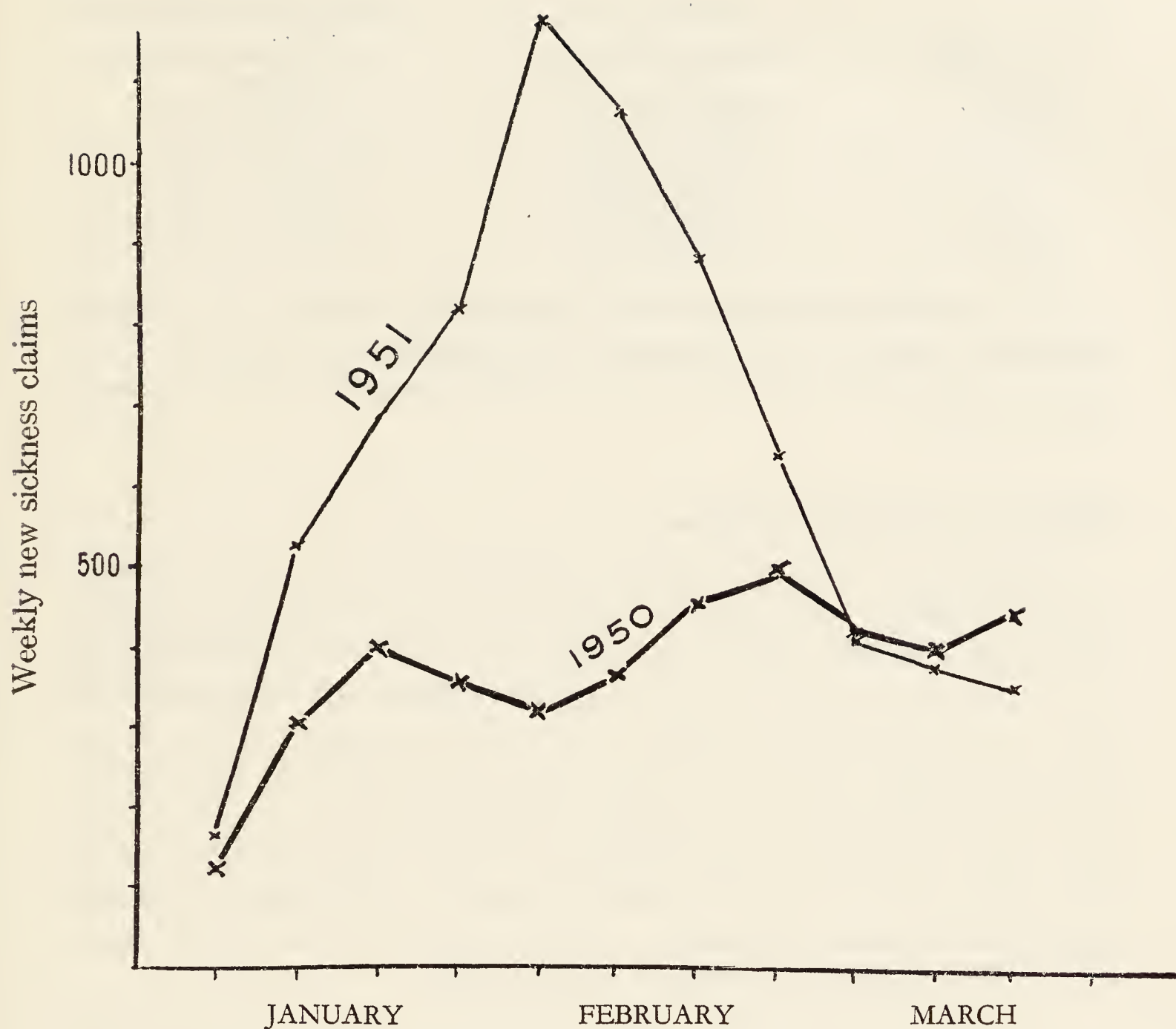
## 2. *Outbreaks of undiscovered cause*

Total outbreaks—Nil.

### **Influenza and Influenzal Pneumonia**

Oxford did not escape the outbreak of influenza reported from many parts of the country early in the year. During the first week of January there was a sharp rise in the number of febrile illnesses prevalent in the City and they increased rapidly until the third week of January. In order to attain a reasonably accurate picture many sources of information were used such as general practitioners, hospitals, industry, schools, the Ministry of National Insurance Sickness Benefit Claims and the registration of deaths. The arrangement whereby the local office of the Ministry of National Insurance made available weekly figures of new sickness benefit claims was of great value in assessing the incidence of influenza and, in fact, during the height of the outbreak daily numbers of new sickness benefit claims were kindly sent to the Health Department and this very helpful co-operation on the part of the local National Insurance office was greatly appreciated. The rapid increase in the new Sickness Benefit Claims in January 1951 compared with 1950 which represents the usual midwinter level is demonstrated by the following graph.





Notifications of pneumonia (including influenzal pneumonia) rose during the second week of January as shown by the following table:—

*Notifications of Pneumonia (including Influenzal Pneumonia)*

<i>Week ending</i>	<i>Notifications</i>
6.1.51	1
13.1.51	4
20.1.51	2
27.1.51	4
3.2.51	3
10.2.51	2
17.2.51	1
24.2.51	1

Deaths from bronchopneumonia (excluding infants) also increased in this period but not until later in January.

<i>Week ending</i>	<i>Deaths from bronchopneumonia</i>	<i>Deaths from influenza and pneumonia</i>
27.1.51	2 aged 71—87	1 aged 82
3.2.51	6 aged 70—83	5 aged 58—86
10.2.51	8 aged 68—85	3 aged 66—76
17.2.51	5 aged 53—91	5 aged 63—93
24.2.51	4 aged 57—77	3 aged 65—96

An interesting point about these figures is that both the deaths from bronchopneumonia, as well as influenzal pneumonia reached their peak at least two weeks after the maximum incidence suggested by the sickness benefit figures.

### **Epidemic of Bornholm Disease**

An epidemic of Bornholm Disease occurred in Oxford during September and October. 277 infections were traced and detailed information was obtained in 262 cases all of whom were visited. By following one or two fortunate clues the existence of the epidemic was recognised soon after it started and the attention of the medical profession drawn to this largely unfamiliar disease, at the same time asking them to notify all cases. There was a most gratifying response and notifications were received from more than half the doctors practising in the City. About half those traced did not go to a doctor but were found by members of the medical or health visiting staff of the Department. There is no doubt that many more mild cases occurred and remained undiscovered.

Starting in North Oxford in September the outbreak there reached its peak from September 10th—23rd and was followed by a high sporadic incidence. Central Oxford and East Oxford were the next two districts to show epidemic spread and, in them, the outbreak reached its peak during the week October 1st—7th—at least two weeks later than the North Oxford peak. Marston was the last district to be involved in the epidemic and the peak incidence in this area was in the week October 15th—21st which was at least four weeks later than in North Oxford. The Barton area had a small peak in September 24th—30th followed by a fairly constant level for three weeks.

There was a considerable similarity in the behaviour of the epidemic within each of those areas. In each district, after the occurrence of one or two sporadic cases, the outbreak rapidly built up to a peak during the next week or fortnight and then, as rapidly, terminated. The epidemic in the Barton area of the City is of particular interest because the 23 cases which occurred there in eleven different households were all concentrated in a small area of two or three streets occupying not more than a quarter of a new housing estate, and the rest of the estate failed to produce a single case.

In only two day schools was there any evidence that spread of infec-

tion had occurred among pupils and no outbreak was reported from the several boarding schools in the City or from the University colleges.

Other points of interest arising from the outbreak include a tendency for cases to be closely grouped together often in neighbouring houses, a marked variability in the symptomatology of the cases and in the density of infection within the infected households and the frequency of relapses which occurred shortly following the original illness or after a much longer period up to four months. Complications observed included 7 proved cases of benign lymphatic meningitis and a further 9 suspected cases on whom a lumbar puncture was not performed and 3 cases of orchitis.

It has been possible to obtain data on both the clinical and epidemiological aspects of the disease and valuable virological work has also been carried out by Dr. F. K. Saunders of Oxford University. A preliminary report of the epidemic was published in the British Medical Journal 20th October 1951 and a full account is now being prepared which it is hoped to publish in the medical press.



NOTIFIABLE INFECTIOUS DISEASES SINCE 1932

DISEASE	1932	1933	1934	1935	1936	1937	1938	1939	1940	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
Smallpox ...	—	143	188	180	245	286	175	145	218	219	252	444	275	304	122	115	76	115	—	—
Scarlet Fever ...	105	29	70	50	38	28	37	24	52	47	36	39	42	32	19	22	25	33	39	76
Erysipelas ...	22	51	33	14	59	28	45	76	107	167	138	95	96	73	72	53	49	77	24	15
Puerperal Pyrexia ...	36	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	53	64
Ophthalmia neon- atorum ...	26	20	46	28	8	9	4	12	11	4	8	20	9	7	16	36	59	83	18	13
Pemphigus neon- atorum ...	—	—	—	—	—	—	—	—	—	—	—	—	—	2	10	15	17	9	2	3
Diphtheria ...	30	17	21	31	31	11	17	35	32	35	24	14	11	—	5	14	2	1	—	—
Measles ...	—	—	—	—	—	—	—	43	1808	1442	52	1695	136	2199	114	904	1472	1141	986	1294
Whooping Cough ...	—	—	—	—	—	—	—	22	61	997	461	599	575	244	178	772	573	240	586	741
Pneumonia ...	—	—	—	—	—	—	68	38	121	126	109	109	57	97	87	79	60	76	79	96
Poliomyelitis— Paralytic ...	4	5	9	3	—	1	35	1	1	28	1	1	7	3	1	22	9	19	{ 7	4
Non-paralytic Acute Encephalitis— Infective ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—
Post-infectious Meningococcal infection ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Typhoid Fever ...	5	8	2	—	3	4	14	3	54	28	12	12	5	2	5	13	4	2	—	4
Paratyphoid ...	1	—	1	1	5	—	3	3	1	—	5	2	—	—	—	—	1	—	2	—
Bacillary Dysentery ...	—	—	2	2	3	—	—	—	2	6	1	—	—	1	—	7	1	—	2	—
Food Poisoning ...	—	—	—	—	33	13	11	—	—	22	80	44	28	171	9	13	26	16	30	255
Malaria ...	—	—	—	—	—	—	38	—	—	1	—	—	—	42	3	9	13	27	10	21
															2	—	—	—	—	—

## AGE AND WARD OF ALL NOTIFIED INFECTIOUS DISEASES IN 1951

NOTIFIABLE DISEASES	CASES NOTIFIED IN WHOLE DISTRICT AGES IN YEARS														TOTAL NUMBER OF CASES IN EACH WARD					
	At all ages	Under 1 yr.	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-	S'town & W'lver- cote 12270	North 11416	West 11396	South 11211	East 15788	Head- ington & M'ston 19145	Cowley & Iffley 25174
Scarlet Fever ..	76	—	2	1	4	11	47	4	1	6	—	—	—	2	7	6	7	16	17	21
Erysipelas ..	15	—	—	—	—	—	—	1	1	2	1	6	4	—	4	—	—	2	2	6
Puerperal Pyrexia ..	64	—	—	—	—	—	—	—	4	46	14	—	—	—	36	—	2	—	24	2
Ophthalmia neonatorum	13	13	—	—	—	—	—	—	—	—	—	—	—	—	11	—	—	—	1	1
Pemphigus neonatorum	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—
Measles ..	1294	38	99	158	174	228	544	25	10	14	3	1	—	84	78	54	154	102	440	382
Whooping Cough ..	741	80	82	97	95	132	216	19	5	7	4	2	2	41	45	40	108	106	250	151
Pneumonia ..	96	—	—	3	—	2	7	3	3	18	20	20	20	4	10	20	9	9	21	23
Poliomyelitis—																				
Paralytic ..	4	—	—	—	1	—	—	—	—	2	1	—	—	—	1	1	—	—	1	1
Acute Encephalitis—																				
Infective ..	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—
Post-infectious ..	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—
Meningococcal infection	4	2	—	—	—	—	—	—	—	—	1	1	—	1	—	1	—	1	—	1
Bacillary Dysentery ..	255	6	13	21	20	38	63	18	7	39	15	13	2	1	10	2	3	18	15	206
Food Poisoning ..	21	—	—	2	—	1	1	3	2	3	3	5	1	6	4	—	2	3	—	6
	2588	142	197	282	294	412	879	73	33	137	62	48	29	139	206	125	287	257	774	800

## CASES OF INFECTIOUS DISEASES NOTIFIED FROM HOSPITALS

	Radcliffe Infirmary	Wingfield-Morris Orthopaedic Hospital	Churchill Hospital	Slade Hospital	Eye Hospital
Scarlet Fever .. ..	—	1	—	8	—
Erysipelas.. ..	1	—	—	—	—
Puerperal Pyrexia ..	38	—	23	—	—
Ophthalmia neonatorum	7	—	—	—	1
Pemphigus neonatorum	—	—	—	3	—
Measles .. ..	1	1	2	14	—
Whooping Cough...	—	—	—	13	—
Pneumonia .. ..	2	—	—	2	—
Polio-myelitis (paralytic)...	—	—	—	4	—
Meningococcal infection..	2	—	1	—	—
Bacillary Dysentery ..	—	—	—	5	—
Food Poisoning ..	—	—	—	2	—
	51	2	26	51	1



## (b) HOSPITALS

### The Slade Hospital

The arrangement by which the Medical Officer of Health, with the assistance of his Deputy, is responsible to the Board of Governors of the United Oxford Hospitals for the clinical control of the infectious diseases beds at the Slade has continued and has proved to be of the greatest value to all concerned.

The Medical Officer of Health has been graded as Consultant in Infectious Diseases and in this capacity is also responsible for the teaching of medical students.

The infectious diseases beds at the Slade Hospital are so closely connected with epidemiological control that it seems appropriate to include the following report prepared by E. W. Moore, M.C., M.B., Ch.B., D.P.H., Resident Medical Officer:—

“As before, this report is concerned only with the admission of cases to the wards for infectious diseases. The diagnoses of the 420 admissions, of which 7 died, are given in the following table.

For the first year since the opening of this hospital, there were no cases of diphtheria admitted. In 1940, there were 63 such cases. This reduction is a tribute to the success of the diphtheria immunization campaign carried out in infant welfare clinics and by general practitioners.

The anginose variety of glandular fever, which simulates diphtheria closely, was responsible for 11 admissions.

Nineteen cases of poliomyelitis were admitted as compared with 33 and 24 in the two previous years. Of these 19 cases, only 4 were from Oxford City.

Chicken-pox was responsible for 44 admissions. Many of these cases came from other hospitals where they were under treatment for some other disease and could not therefore be sent home. The remainder were mainly nurses from other hospitals or undergraduates living in college, who for obvious reasons required isolation.

In these days, most of the ordinary infectious diseases can be nursed at home, but hospitalisation is often necessary for sociological reasons or because the disease is accompanied by some complication. This is well illustrated by the 68 cases of measles admitted to this hospital during 1951. Of these, only 33 were uncomplicated. 23 cases were complicated by broncho-pneumonia, 7 by infection of the middle ear or mastoid process, 3 by encephalo-myelitis, and 2 others by associated diseases. The list of admissions by diseases does not therefore give a true picture of the severity of the cases.

Clinical interest was heightened by the admission of 9 children with typhoid fever from a Polish camp in Gloucestershire. This gave an opportunity for a trial of chloramphenicol in this disease, and the results were most encouraging. After a few days' treatment, the children were

so well that the ward resembled a children's nursery rather than a ward of seriously ill patients. Only one case relapsed, and she responded promptly to a further course of the drug.

Finally, I must again pay tribute to the efficient bacteriological service provided by the Public Health Laboratory in Oxford, and, last but not least, to the continued loyalty and diligence of the nursing staff."

### The Smallpox Hospital, Garsington

Following representations made by the United Oxford Hospitals to the Ministry of Health, it was agreed to dispense with this hospital and the building ceased to exist as a hospital on the 31st March 1951. Smallpox cases in the Oxford area will in future be accommodated in either the Smallpox Hospital in Reading or Northampton.

### Admissions to the Infectious Diseases Wards at the Slade Hospital during 1951

							<i>Admissions</i>	<i>Deaths</i>
Measles .. .. .	..	..	..	..	..	..	68	—
Chicken-pox .. .. .	..	..	..	..	..	..	44	1
Whooping Cough .. .. .	..	..	..	..	..	..	37	3
Scarlet Fever .. .. .	..	..	..	..	..	..	32	—
Poliomyelitis .. .. .	..	..	..	..	..	..	19	—
Gastro-enteritis (non-specific) .. .. .	..	..	..	..	..	..	17	—
Mumps .. .. .	..	..	..	..	..	..	15	—
Acute tonsillitis and pharyngitis .. .. .	..	..	..	..	..	..	13	—
Glandular fever .. .. .	..	..	..	..	..	..	11	—
Bacillary Dysentery .. .. .	..	..	..	..	..	..	11	—
Acute bronchitis .. .. .	..	..	..	..	..	..	10	—
Typhoid Fever .. .. .	..	..	..	..	..	..	9	—
Bornholm Disease .. .. .	..	..	..	..	..	..	8	—
Puerperal pyrexia .. .. .	..	..	..	..	..	..	7	—
Pneumonia .. .. .	..	..	..	..	..	..	7	1
Rubella .. .. .	..	..	..	..	..	..	7	—
Influenza .. .. .	..	..	..	..	..	..	6	—
Infective Hepatitis .. .. .	..	..	..	..	..	..	5	—
Pustular dermatitis .. .. .	..	..	..	..	..	..	5	—
Acute benign meningitis .. .. .	..	..	..	..	..	..	4	—
Pemphigus neonatorum .. .. .	..	..	..	..	..	..	4	—
Broncho-pneumonia .. .. .	..	..	..	..	..	..	4	—
Pyrexia of unknown origin .. .. .	..	..	..	..	..	..	4	—
Tuberculous meningitis .. .. .	..	..	..	..	..	..	3	—
Gastro-enteritis (Salmonellosis) .. .. .	..	..	..	..	..	..	3	—
Erysipelas .. .. .	..	..	..	..	..	..	3	—
Ulcerative colitis .. .. .	..	..	..	..	..	..	3	—

There were 2 cases of each of the following:—Undulant fever, acute



polyneuritis (1 death). meningococcal fever, acute laryngo-tracheo-bronchitis, stomatitis, drug rashes.

There was a single case of each of the following:—Paratyphoid fever, hysterical paralysis, pulmonary infarct, otitis media, otitis externa, cervical adenitis, Stevens-Johnson syndrome, anthrax, acute nephritis, pyelitis, angio-neurotic oedema, Stills' disease, polycythaemia, symptomatic psychosis, dyspepsia, burn of thigh.

In addition, 8 well babies accompanying sick mothers were admitted, and also 7 well mothers accompanying sick babies.

3 cases of suspected poliomyelitis were admitted; also, 3 cases of suspected scarlet fever, and 8 contacts of various infectious diseases.

### (c) TUBERCULOSIS

The staff engaged in carrying out the duties of the Local Health Authority with regard to Tuberculosis under Section 28 of the National Health Service Act are:—

				<i>Proportion of whole-time</i>
Dr. F. Ridehalgh, Consultant Chest Physician to				
the United Oxford Hospitals .. .. .	..	..	..	3/11ths
Mrs. D. Hicks, Almoner, Chest Clinic .. .. .	..	..	..	3/11ths
2 Tuberculosis Health Visitors .. .. .	..	..	..	Whole-time
1 Clerk .. .. .	..	..	..	3/11ths

### Statistics

In addition to the cases notified in the ordinary way, the following were added to the Notification Register from information received from:—

(1) Local Registrar's Death Returns .. .. .	9
(2) "Transfers" from other areas .. .. .	46

		<i>Non</i>
		<i>Pulmonary</i>
		<i>Pulmonary</i>
Number of cases on the Notification Register at the		
end of the year .. .. .	690	118

The total number of patients added to the Notification Register during the year was 135. The total number removed from the Register during the year because of cure, transfer out or death was 96.

The number of patients on the Register increased by 58 compared with an increase of 78 last year. This improvement is also reflected in the number of new notifications which fell from 124 in 1950 to 89 in 1951.

Table A shows the total number of new cases and deaths from tuberculosis during the year.



TABLE A

## New Cases and Mortality during 1951

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		Male	Female	Male	Female	Male	Female	Male	Female
0—	...	—	—	—	—	—	—	—	—
1—	...	1	—	—	—	—	—	—	1
2—4	...	3	1	—	—	—	—	—	—
5—9	...	1	1	—	—	—	—	—	—
10—14	...	—	2	—	—	—	—	—	—
15—19	...	5	8	—	1	—	—	—	—
20—24	...	12	6	—	—	—	—	1	—
25—34	...	11	10	—	—	2	1	—	—
35—44	...	6	3	—	—	—	—	1	—
45—54	...	7	2	1	—	4	3	—	1
55—64	...	3	1	—	1	6	1	—	—
65 and over	...	2	—	—	1	6	1	—	1
Totals	...	51	34	1	3	18	6	2	3

Table B shows the progress of notification during the past 36 years:—

TABLE B  
Progress of Notification

Year	Pulmonary	Non-Pulmonary	Total
1915	73	33	106
1916	48	24	72
1917	51	18	69
1918	56	8	64
1919	70	22	92
1920	63	22	85
1921	79	27	106
1922	64	18	82
1923	50	20	70
1924	67	22	89
1925	63	15	78
1926	70	16	86
1927	47	17	64
1928	64	23	87
*1929	124	30	154
1930	103	16	119
1931	93	24	117
1932	92	26	118
1933	93	24	117
1934	110	20	130
1935	86	17	103
1936	87	36	123
1937	101	43	144
1938	81	30	111
1939	98	23	121
1940	111	43	154
1941	113	42	155
1942	126	58	184
1943	103	46	149
1944	129	29	158
1945	120	34	154
1946	140	32	172
1947	144	27	171
1948	148	25	173
1949	180	18	198
1950	113	11	124
1951	85	4	89

\* City extended 1st April, 1929.

REPORT BY DR. F. RIDEHALGH, CONSULTANT CHEST PHYSICIAN TO THE  
UNITED OXFORD HOSPITALS.

The number of new cases of tuberculosis recorded during 1951 shows a marked decrease. During 1950 there were 113 notifications of respiratory tuberculosis, and 11 of non-respiratory tuberculosis, with average figures for the 1941-50 decade of 131 and 32 respectively. During this decade, notifications of non-respiratory tuberculosis showed a fairly steady decline, whereas notifications of respiratory tuberculosis steadily increased from 113 in 1941 to 180 in 1949.

The number of notifications of respiratory tuberculosis fell to 85 in 1951 and of non-respiratory tuberculosis to 4. There is no reason to doubt that the majority of cases of respiratory tuberculosis are formally notified, but it is possible that some cases of minor non-respiratory tuberculosis (such as tuberculous cervical glands) may escape notification. It must be emphasised that the success of preventive measures depends very largely on conscientious notification, and that a high proportion of cases of non-respiratory tuberculosis arise from infection by the human form of tubercle bacillus.

Nevertheless, the notification figures are highly encouraging. At the time of writing this report figures of tuberculosis deaths for 1951 are not available. An interesting point emerges, however, from an examination of the respiratory tuberculous deaths during the period 1930—1950. This has been a period of rapid growth and industrialization of the city. The relative incidence of respiratory tuberculosis at various ages may be roughly compared by expressing the deaths at ages under 45 as a proportion of total deaths. From 1930 to 1948, almost two-thirds of the fatal respiratory tuberculosis affected persons under 45. The proportion rose to 79% in 1940 as a result of abnormal war conditions, but with the exception of this “peak” and its consequent “trough” in 1941-42, the level of 65—70% was remarkably constant.

In 1949 the proportion of respiratory tuberculosis deaths in persons under 45 fell to 45% and in 1950 to 35%. If this fall continues in 1951, its significance is probably beyond doubt. It corresponds with the introduction of Streptomycin and the ancillary anti-tuberculous drugs, the effect of which is greatest upon the more recent and acute types of disease found in the younger groups of patients.

Until recently, it has been widely and correctly held that improvements in the standard of life and hygiene in the general community had a greater influence upon the falling level of tuberculosis mortality than any curative measures applied to the known tuberculous population. Specific drug treatment for tuberculosis appears, however, to be of real epidemiological importance. The outlook for the individual sufferer has greatly improved during the past four years. The proportion of cases regarded as hopeless from the time of diagnosis is steadily falling. The range of thoracic surgery has greatly widened. The introduction of efficient culture methods for tubercle bacilli from laryngeal swabs and gastric washouts has imposed a much more searching assessment of quiescence upon the chest physician. The proportion of patients discharged from sanatoria with tubercle bacilli in their sputum is falling. The infectivity of chronic disseminators of tubercle bacilli can be greatly reduced by drug treatment—provided they are discovered.

The making of forecasts in tuberculosis work is a dangerous art. Nevertheless, there is good reason to believe that the level of tuberculous



disease, and of tuberculous infection, in the population as a whole will fall more rapidly in the next decade than at any time in the past.

### **B.C.G. Vaccination**

In 1951 72 contacts and 65 nurses and students were vaccinated with B.C.G. Two of these failed to become tuberculin positive; one was re-vaccinated at another clinic, but the other refused further injections. Three cases, all infants, were complicated by discharging regional glands. All have healed satisfactorily though in one case the discharge continued for three months and has left some scarring.

Segregation when necessary was usually arranged by vaccinating the contact while the infectious case was in hospital. Four contacts of infectious cases were vaccinated without isolation because it was important to give them the protection without delay.

62 of the 72 patients vaccinated in 1950 were tuberculin tested after a year's interval. All were found to have maintained their tuberculin sensitivity except one, who will probably have to be re-vaccinated.

No evidence of tuberculosis has been found in any of the vaccinated cases.

The offer of vaccination has been willingly accepted by the majority of tuberculous families to whom it has been recommended. There has been little complaint of the lesion resulting from the vaccination.

The number of visits to the clinic involved by the tuberculin testing is a hardship, but the importance of uniform reading and recording of results makes these essential. The Health Visitors continue to do the initial tests at home for young children.

There is new evidence to show that the proportion of children who reach puberty without having acquired primary tuberculous infection is steadily increasing. The pilot tuberculin survey carried out for the Medical Research Council in 1948-49 strongly suggests that the rate of primary infection rises rapidly in the five years immediately after leaving school.

The abolition of tuberculosis is no longer Utopian. It can be achieved:—

- (a) by the discovery and effective treatment of all possible infectious cases and particularly of chronic unrecognised disseminators of tuberculous infection.
- (b) by improving the living conditions of tuberculous families, close supervision and protective vaccination of direct family contacts.
- (c) by the extension of protective vaccination to children about to leave school with a negative tuberculin reaction.

These measures are immediately practicable. The cost of enlarging our case-finding schemes and anti-tuberculosis vaccination would be

negligible in comparison with the economic saving in man power and productivity which could be achieved in a few years.

### **Health Visiting**

The diagnosis, treatment and after-care of tuberculosis in Oxford is greatly helped by the complete integration of clinical, preventive and social services centred upon the Chest Clinic.

The work of the Tuberculosis Health Visitors increases steadily. During 1951, they made 3226 domiciliary visits compared with 2995 in 1950. The development of B.C.G. vaccination with its prolonged follow-up scheme, the increase of domiciliary treatment and the steady growth of peripheral housing estates all contribute to this increase.

The Health Visitors' work, together with that of the Social Workers reported below, is co-ordinated by a weekly conference attended by the Chest Physicians, Health Visitors, Social workers and the Mobile Occupational Therapist who is an invaluable member of the team. A closer liaison between the Consultant Chest Physician and the Housing Department has been achieved and the helpful attitude of the Housing Committee is much appreciated.

### **ALMONERS' REPORT FOR 1951**

The nature of the problems referred to the Almoners' Department of the Chest Clinic in 1951 varied widely. Many patients needed only some simple discussion as to facilities available to them, others required advice as to change of work and all this entails; others again came with complex family problems, the result of family relationships severely jarred by the impact of serious long term illness.

### **The Work of the Care Committee**

Once again the Almoners have had great support from the Care Committee.

The rising cost of living bears especially heavily on the wage earner who contracts Tuberculosis and has to keep his family on statutory allowances. The change from wages to allowances often involves a drop of 50% in the family income and leads to great difficulties especially in the replacement of clothes and household possessions.

The Care Committee have this year helped seventy-two families. The form of help has varied; holidays, debts, clothes, fares to visit hospital patients, extra fuel and extra nourishment being some of the many requests put forward.

The cost of providing beds and bed linen for patients nursed at home, though channelled through the Care Committee, is actually borne by the Health Committee.



The typewriter bought last year has been in constant use by patients doing commercial courses by correspondence, and a similar purchase this year of a sewing machine for women to learn dressmaking at home is equally successful.

Patients at Creaton Sanatorium still have for their visitors the use of a car paid for from Care Committee funds, and the generous help of the Rotary Club for a similar service to Peppard Sanatorium has continued.

The Seal Sale has once more proved successful.

### **Allowances**

The usual liaison between this department and the National Assistance Board continues amicably. Sixty-four Oxford patients were receiving Higher Scale Allowances at the end of 1951. Where proved necessary, certain extra needs grants in addition to the allowances are made by the Board.

### **Extra Nourishment**

One or two pints of milk per day can be given free if patients are financially in need. The number receiving free milk on the 31st December, 1951, was 44.

### **Rehabilitation**

As soon as the medical staff allow, patients are encouraged to use their enforced idleness in developing new interests or reviving old ones. The Occupational Therapists in hospitals work closely with the Almoners, and where possible patients' work is linked to vocational interests. Now that the City of Oxford have appointed a mobile Occupational Therapist, a smooth and concerted plan can be followed when patients leave the sanatoria and continue to work while resting at home. This service is of particular value to those patients who wait at home for vacancies in sanatoria for major surgery. For those advanced cases who cannot hope to return to normal working conditions, the varied occupations possible, and the ability to earn a little pocket money through sales of goods made, widens the horizon of the home-bound considerably.

The Education Committee have continued to look favourably upon Almoners' requests to them to finance correspondence courses, and these courses have helped many patients towards new fields of work, and avoided the frustration of complete idleness.

The number of Oxford patients sent to the Ministry of Labour Rehabilitation Centre at Egham has increased this year, the results being very favourable.

One patient has been sent to Preston Hall Village Settlement in the hope of colonising permanently.



A number of patients have had recuperative holidays financed by the Health Department.

### **Mass Radiography**

The Mass Radiography Unit paid one visit to Oxford during November 1951 and examined 5173 men and 1217 women. The group consisted mainly of University personnel but included some non-University educational establishments, City of Oxford Police Force, University departments and a proportion of staffs of City of Oxford Education and Health Departments.

### **(d) VENEREAL DISEASES**

In connection with Section 28 of the National Health Service Act 1946 relating to the prevention of illness and after care, the City Council accepts responsibility for 2/11 of the salary of the Venereal Diseases Almoner.

The following table summarises the work of the Clinic at the Radcliffe Infirmary for the year ended 31st December, 1951:—

	Syphilis		Gonorrhoea		Other Conditions		Totals	
	M	F	M	F	M	F	M	F
1. Number of patients on 1st January under treatment or observation .. .. .	160	142	12	4	43	41	215	187
2. Number of patients removed from register during any previous year which returned during the year under review .. .. .	4	8	—	—	16	2	20	10
3. Number of patients dealt with for the first time during the year under review (exclusive of those under Item 4) Conditions not requiring treatment .. .. .	15	14	33	5	72	22	120	41
Conditions remaining undiagnosed at 31st December ..	—	—	—	—	104	27	104	27
4. Number of patients dealt with for the first time who have been transferred from other Centres (civil or Service) or from practitioners approved under Ministry of Health Circular 2226) .. .. .	5	5	2	1	1	3	8	9
	184	169	47	10	242	103	473	282
5. Number of patients suffering from syphilis or gonorrhoea discharged after completion of treatment and final tests of cure, or after diagnosis as "other conditions" .. .. .	14	17	13	2	175	71	202	90
6. Number of patients suffering from:—	22	14	—	—	—	—	22	14
(a) Syphilis who defaulted after completion of treatment, but before final discharge .. .. .	—	—	7	1	—	—	7	1
(b) Gonorrhoea who defaulted before 3 months .. .. .	—	—	2	1	—	—	2	1
(c) Gonorrhoea who defaulted after 3 months .. .. .	7	5	—	—	—	—	7	5
7. Number of patients who ceased to attend before completion of treatment and were suffering from:—	2	10	—	—	—	—	2	10
(a) Acquired syphilis of less than 1 year's duration	—	—	—	—	—	—	—	—
(b) Acquired syphilis of more than 1 year's duration	1	2	—	—	—	—	1	2
(c) Congenital syphilis (under 1 year) .. .. .	—	—	—	—	—	—	—	—
(d) Congenital syphilis (over 1 year) .. .. .	—	—	—	—	—	—	—	—
(e) Gonorrhoea .. .. .	2	1	—	—	—	—	2	1
8. Number of patients under treatment or observation known to have died:—	—	—	—	—	—	—	—	—
(a) From syphilis .. .. .	10	7	1	1	7	1	18	9
(b) From treatment .. .. .	125	113	24	5	60	31	209	149
(c) From other causes .. .. .	184	169	47	10	242	103	473	282
9. Number of patients transferred to other Centres or Institutions or to private practitioners .. .. .	672	760	143	33	595	238	1410	1031
10. Number of patients remaining under treatment or observation on 31st December, 1951 .. .. .								
11. Total number of attendances .. .. .								

The number of pathological examinations made in respect of patients was 1495.  
Note.—Patients from all areas are included in this table.

Table showing the incidence of new cases of Venereal Diseases in the City from 1938—1951

	MALES			FEMALES		
	Syphilis	Gonorrhoea	Other conditions	Syphilis	Gonorrhoea	Other conditions
1938	13	87	38	15	25	46
1939	6	44	30	8	9	44
1940	30	69	34	24	14	36
1941	33	56	17	33	27	55
1942	23	34	20	26	22	43
1943	22	24	55	28	34	66
1944	11	28	66	15	30	86
1945	11	24	74	12	17	66
1946	23	57	147	19	15	54
1947	14	26	121	25	10	28
1948	7	36	134	12	7	36
1949	8	17	103	99	2	34
1950	14	9	106	9	6	40
1951	8	10	80	6	3	25

Dr. Patrick Mallam, Consultant in Charge of the Special Clinic reports as follows:—

“The number of cases of primary syphilis has been remarkably small and we have only seen three cases (1 male and 2 female) during the whole of 1951, as opposed to 8 male and 1 female in 1950.

On the other hand, new cases of gonorrhoea in males has shown a rise, particularly in the last six months when we have had twenty new male cases, as opposed to eleven in the corresponding period last year. This rise has coincided with the arrival of American troops in this area. In the case of females there has been a slight decrease during the year.

Non-gonococcal cases of urethritis remain about the same.

The total number of attendances at the clinic has fallen compared with 1950. I think this is to be explained largely by reason of the fact that improved antibiotic therapy is making frequent attendances, in most cases, unnecessary; in the case of syphilis, for example, the use of heavy metals is often rendered unnecessary by adequate penicillin therapy.

The Slade Hospital, which continues to be used for in-patient treatment, has been working quite smoothly, and the results have been satisfactory. We have had the misfortune to lose the male nurse resident there, as he has been called up to the Royal Navy, but attempts are being made to replace him.

Contact tracing has not been very easy during the latter part of the year as Miss Coggin, the Almoner who has primarily concerned herself in this matter, has been on the sick-list, and is likely to be away for some time. However, fair results have been achieved, thanks to the co-operation of the Almoner's Department. In point of fact, the majority of



gonococcal cases met with in the Oxford area appear to have contracted their infection in large towns (notably London) and in such instances contact tracing is practically impossible."

## (e) VACCINATION AND IMMUNIZATION

### 1. Immunization against diphtheria

Immunization against diphtheria with P.T.A.P. continued throughout the year without interruption. Primary immunizations and reinforcing injections numbered 99 and 118, respectively, more than in 1950. There is thus no indication that the national falling-off in immunization has affected the City. This satisfactory result must be largely attributed to the energetic propaganda of the health visitors and to the good sense of the parents. Another factor is undoubtedly the ease with which mothers can have their babies immunized at any session of any child welfare clinic.

Table showing the number of primary immunizations completed and the number of reinforcing injections given during 1951:—

Number of children who completed a full course of primary immunization	Under 5 years	5—14 years	Total	Total number of children who were given reinforcing injections
From 1st January—30th June ... ..	644	113	757	1084
From 1st July—31st December ... ..	543	92	635	523
Total ... ..	1187	205	1392	1607

256 of the primary immunizations were completed and 30 of the reinforcing injections were given by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946. All other injections were carried out by the staff of the Health Department.

### 2. Vaccination against smallpox

Vaccination was carried out once a month at all child welfare clinics and weekly at St. Aldate's School Clinic on Saturday mornings.

Table showing successful vaccinations performed during the year:—

Age at date of vaccination	Under 1 year	1 year	2—4 years	5—14 years	15 years and over	Total
Number vaccinated (primary)	778	23	11	21	69	902
Number re-vaccinated .. ..	—	1	12	53	471	537

Of the vaccinations carried out during the year, 299 primary vaccina-

tions and 515 re-vaccinations were performed by general practitioners participating in the Council's scheme under Section 26 of the National Health Service Act 1946.

During the year, four attempts at vaccination were made on one child and three attempts on four children who were therefore classified as "insusceptible to vaccination". Two attempts were also made without success on six children.

No untoward reaction to vaccination occurred during the year.

### **Proportion of babies vaccinated**

The number of Oxford babies vaccinated during 1951 while still under one year of age (778) expressed as a percentage of the number of live-births registered in the last half of 1950 and the first half of 1951 (Oxford residents) gives a figure of 51.28%. This shows an increase over the 1949 and 1950 figures when the proportions were 44.05% and 45.43% respectively. It is very satisfactory to be able to record this improvement. The figure is appreciably higher than in the days of "compulsory" vaccination and it is more than twice as great as that recorded for the country as a whole. Again the health visitors are to be congratulated. The mothers are undoubtedly encouraged by finding how easy it is to have their babies vaccinated while they are at a child welfare clinic for some other purpose. It is also possible that the outbreak of smallpox at Brighton at the beginning of the year played a part in the improvement of the response to the health visitors' educational efforts !

### **3. Immunization against whooping-cough**

The Medical Research Council vaccine trial begun in 1948 was concluded in the first half of 1951. In March 1951 a further trial (the fourth to be carried out in Oxford) on a much larger scale was initiated. The object is to compare the efficiency of an American vaccine of proved value made by surface culture with that of another vaccine prepared in the same laboratory by deep fluid culture. Children between 6 months and 4 years are accepted for the injections which are carried out by the Department's staff at all child welfare clinics. At first the demand was so great that special immunizing sessions were held at several clinics and help was given with the injections by the member of the Medical Research Council staff who was also responsible for the medical aspect of the follow-up of the children. By the end of the year only one special weekly session was held (at Bury Knowle). Elsewhere the work was absorbed in the ordinary child welfare clinic sessions, although it involves considerable extra work for both the doctor and the health visitor. The routine follow-up of the injected children is carried out by special health visitors employed by the Medical Research Council. The mothers show great enthusiasm for the injections because whooping-cough is an illness which they very rightly dread.



Table showing the number of immunizations completed during 1951.

6 mths.—1 year	1—2 years	2—3 years	3—4 years	Total
265	383	174	59	881

#### 4. Medical Research Council Investigation into the relationship between injections and paralysis

The Medical Officer of Health accepted an invitation by the Medical Research Council to serve on a committee to enquire into the relationship between injections, trauma or tonsillectomy and a subsequent attack of poliomyelitis.

Beginning in April 1951 the Health Department participated in this investigation by furnishing the Medical Research Council with a weekly return of every vaccination performed or injection of diphtheria prophylactic given by members of the staff. Detailed information concerning each case of poliomyelitis occurring in the City was also submitted to the Medical Research Council.

#### 5. Inoculation of travellers.

During the year persons travelling abroad were given inoculations by the staff of the Health Department as follows:—

	<i>Primary immunization</i>	<i>Re-immuniza- tion</i>
T.A.B. .. .. .	22	5
Anti-cholera .. .. .	10	7
Anti-typhus .. .. .	2	2

### (f) RINGWORM, SCABIES AND PEDICULOSIS

#### RINGWORM OF SCALP

##### Ascertainment

An Assistant School Medical Officer attends at a special diagnostic clinic held at 60 St. Aldate's on Mondays at 2 p.m. Suspected cases and contacts are examined at this clinic.

##### Treatment

Mild cases are treated by inunction and manual epilation. Two nurses are in attendance at a special clinic and arrangements are also made for treatment to be given at several other school minor ailment clinics. Parents of infected children are instructed in home treatment.

With the consent of their parents, children showing extensive infection are seen by Dr. A. Carleton, Consultant Dermatologist to the United Oxford Hospitals, regarding their suitability for X-ray epilation. This is undertaken under the supervision of Dr. Carleton at the Slade Hospital.



### Number of cases

20 cases were treated during the year. This number includes 16 City school children, 3 pre-school children and 1 child from Oxfordshire.

16 patients were discharged as cured. The remaining 4 cases were all allowed to return to school but were kept under periodic review at the clinic.

### SCABIES

The treatment of scabies was carried out during the year by the nursing staff at Cold Arbour hospital whose valuable service in this matter was greatly appreciated.

The satisfactory fall noted during the past years has continued:—

	1948	1949	1950	1951
Total number of cases treated				
(Cases and contacts) ..	148	132	67	19

### PEDICULUS CAPITIS

The number of children found to be verminous at school cleanliness inspections was further reduced, being 208 out of 28,909 inspections. All family contacts were examined and mother advised to continue treatment at home with the same preparation as that used in the clinics.

## SECTION V

## MATERNITY AND CHILD WELFARE.

REPORT BY DR. MARY FISHER,  
B.Sc., M.R.C.S., L.R.C.P., M.M.S.A., D.C.H.

## A. MATERNITY.

## 1. Number of midwives practising at the end of the year in the area of the Local Supervising Authority:—

(a) Municipal Midwives .. .. .	7
(b) Midwives employed by Voluntary Organisations—	
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act 1946 .. .. .	Nil
(ii) Otherwise (including hospitals not transferred to the Minister under the National Health Service Act 1946)	Nil
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act 1946 .. .. .	45
(d) Midwives in private practice (including midwives employed in Nursing Homes) .. .. .	6

## 2. Deliveries attended and visits paid by Municipal Midwives during the year:—

	As Midwife	As Maternity Nurse	Mis- carriages	Total	Antenatal Visits	Nursing Visits	Postnatal Visits	Total Visits
Midwife A. (East Oxford and Marston)	81	2	—	83	339	1723	30	2092
Midwife B. (Headington)	81	—	2	83	619	1548	31	2198
Midwife C. (Cowley)	84	10	—	94	786	2348	90	3224
Midwife D. (South Oxford)	64	3	2	69	755	1876	100	2731
Midwife E. (North Oxford)	67	5	—	72	664	1375	49	2088
Midwife F. (West & Central Oxford)	63	6	1	70	579	1231	80	1890
Midwife G. (Barton)	61	—	3	64	527	980	26	1533
Totals	*501	26	8	535	4269	11,081	406	15,756

\* This figure includes 2 deliveries of County patients (1 at a Gipsy Camp, Northern By-Pass, and 1 at Rose Hill).



### 3. Notifications to the Local Supervising Authority:—

(i) *Medical Aid* (whenever the assistance of a general medical practitioner has been sought).

238 notifications for the calling in of medical aid were received.

180 referred to help for the mother and 58 referred to help for the child.

The reasons given were:—

<i>Mother</i>	<i>No doctor booked under Maternity Medical Service</i>	<i>Doctor booked under Maternity Medical Service</i>
Abortion .. .. .	3	—
Abdominal pain .. ..	—	1
Albuminuria .. .. .	1	—
Antepartum haemorrhage ..	3	1
Asthma .. .. .	1	—
Born before arrival .. ..	1	—
Born before arrival—still-born	1	—
Complicated breech .. ..	—	1
Conjunctivitis .. .. .	1	—
Delay in 1st stage .. ..	2	—
Delay in 2nd stage .. ..	8	6
Flushed breast .. .. .	4	—
Foetal distress .. .. .	2	1
Frontal headache .. ..	1	—
Jaundice .. .. .	—	1
Malpresentation .. ..	—	2
Not feeling well .. .. .	2	—
Painful leg .. .. .	3	2
Perineum not healing .. ..	—	1
Post-partum haemorrhage ..	4	3
Post-partum haemorrhage and retained placenta .. ..	2	3
Premature labour .. ..	1	3
Pyrexia .. .. .	8	16
Retained placenta .. ..	2	4
Rise in blood pressure .. ..	1	2
Ruptured perineum .. ..	34	33
Septic spots .. .. .	1	—
Slight shock .. .. .	1	—
Strange in manner .. ..	1	—
Threatened abortion .. ..	3	3
Transverse lie .. .. .	1	3
Uterine inertia .. .. .	1	1
	<hr/> 93	<hr/> 87

<i>Baby</i>	<i>No doctor booked under Maternity Medical Service</i>			<i>Doctor booked under Maternity Medical Service</i>
Anencephaly .. ..	—			1
Asphyxia .. ..	—			2
Cold .. ..	2			2
Cyanosis .. ..	1			1
Discharging eye .. ..	20			11
Extreme illness of baby ..	1			—
Extreme pallor .. ..	—			1
Haemorrhage from cord stump	1			—
Illness of baby .. ..	2			1
Naevus of shoulder .. ..	—			1
Prematurity .. ..	1			—
Septic fingers .. ..	1			1
Septic spots .. ..	1			1
Spasm of baby .. ..	—			1
Spina bifida .. ..	1			—
Swelling of neck .. ..	2			—
Weakness of baby .. ..	1			1
	—			—
	34			24
	==			==

(ii) Stillbirths 10 notifications were received.

(iii) Laying out the dead No notifications were received.

(iv) Artificial Feeding 245 notifications were received, bottle in place of breast in 100 cases (79 from Institutions and Nursing Homes, 21 from domiciliary midwives) in addition to breast in 145 cases (113 from Institutions and Nursing Homes and 32 from domiciliary midwives).

(v) Liability to be a source of infection No notifications were received.

#### 4. Gas-and-Air Analgesia

The following table shows the proportion of cases in which it was actually administered:—

Number of domiciliary cases		Number of cases in which gas and air was given	
Midwives	Maternity nurses	Midwives	Maternity nurses
499	25	451	23

This gives the remarkably high proportion of 90.4% of midwives cases who received gas-and-air analgesia. The corresponding figures for 1948, 1949 and 1950 were 72.7%, 83.8% and 86.6%.

The following table gives the reasons why gas-and-air was not administered in 48 cases delivered by midwives:—

Born before arrival of Midwife .. .. .	22
Rapid delivery, no time .. .. .	17
Refused .. .. .	7
No medical certificate (very premature) .. .. .	2
	—
	48

## 5. Administration of pethidine

During 1951 pethidine was administered in 133 cases in which the midwife was acting on her own responsibility (i.e. 27%) and 9 cases in which she was acting as a maternity nurse.

## 6. Care of mothers discharged from hospital during the puerperium

During the year 85 mothers were discharged before the tenth day and were looked after by a municipal midwife.

## 7. Training School in Domiciliary Midwifery

Part II pupil midwives from the Churchill Hospital continued to receive their three months' district training with the domiciliary midwives, all of whom are approved to act as teachers by the Central Midwives Board. The pupils live in the hostel at 82-84 Abingdon Road which is in the charge of the Supervisor of Midwives. In addition to their practical work on the district they attend antenatal, postnatal and child welfare clinics for instruction. During the year 40 pupils were admitted. 39 took the C.M.B. Part II examination, 37 passing at the first and 2 at the second attempt. 434 deliveries on the district were attended by pupils (included in the table of deliveries by domiciliary midwives).

## 8. Antenatal care for domiciliary cases

TABLE I

Antenatal care of cases booked as midwives' cases:—

	1951	1950	1949	1948	1947
*Attended antenatal clinic ..	238	327	334	427	582
Attended own doctor for antenatal care .. ..	194	182	124	45	31
*Attended own doctor and antenatal clinic .. ..	63	20	—	—	—
†Attended neither clinic or doctor .. ..	6†	2†	4†	3†	—

† (emergencies)

\*Mothers attending their own doctor for antenatal care and coming to the clinics just for blood tests are not included in these figures.



TABLE II

Attendances at the City antenatal clinics, 1951

Clinics	First attendances	Re- attendances	Total attendances	No. of sessions	Average attendances
Headington	97	830	927	51	18.17
East Oxford	75	504	579	51	11.35
St. Aldate's	78	471	549	52	10.56
Donnington	75	555	630	51	12.35
North Oxford	54	425	479	51	9.39
Totals	379	2785	3164	256	12.36

1950 totals	399	3077	3476	258	13.47
1949 totals	464	3160	3624	255	16.10
1948 totals	410	3051	3461	232	14.92

TABLE III

## Analysis of antenatal conditions requiring special attention

	North Oxford	St. Aldate's	Head- ington	Donn- ington	East Oxford	Total
A. Treatment given at Clinic for—						
1. Anaemia .. ..	26	26	—*	—*	28	80
2. Cramp .. ..	12	10	6	5	11	44
3. Haemorrhoids ..	1	—	—	—	—	1
4. Indigestion .. ..	9	19	8	11	15	52
5. Insomnia .. ..	21	14	20	11	19	85
6. Mild toxæmia ..	7	1	7	8	3	26
7. Prolapse .. ..	1	—	—	—	—	1
8. Retracted nipples ..	9	1	3	3	1	17
9. Vaginal discharge ..	5	2	3	—	2	12
10. Varicose veins ..	8	2	13	7	13	43
11. Other medical conditions .. ..	13	17	4	6	14	54
B. Malpresentations corrected	5	6	34	22	5	72
C. Special investigations:						
1. Bacteriological investigation of vaginal discharge .. ..	—	—	2	—	—	2
2. Biochemical investigation of urine ..	—	—	—	1	—	1
3. Catheter specimen of urine .. ..	—	—	10	8	5	23
4. Haemoglobin estimations .. ..	76	82	152*	122*	58	490
D. Referred to own doctor:						
1. Urinary infection ..	—	—	1	1	1	3
2. Varicose veins ..	—	1	1	3	—	5
3. Obstetrical conditions	—	—	—	1	—	1
4. Other medical conditions .. ..	1	1	—	—	—	2
E. Referred to Radcliffe Maternity Department or Churchill Hospital..						
1. Obstetrical conditions	3	4	5	2	3	17
2. Rh. incompatibility	—	—	—	2	—	2
3. Toxaemia .. ..	2	—	1	1	1	5
4. Other medical conditions .. ..	1	—	1	3	—	5
5. Social causes .. ..	1	—	—	1	2	4
F. Referred to Chest Clinic	—	—	—	1	—	1
G. Referred to Radcliffe Infirmary Haematology Department ..	1	—	1	—	—	2
H. Dental treatment advised	37	15	58	48	34	192
Dental treatment fully carried out .. ..	16	9	32	21	9	87
Dental treatment partially carried out and then abandoned by mother .. ..	2	—	2	—	—	4
Treatment arranged or started; final outcome not known ..	7	—	10	8	14	39
Dental treatment refused	12	6	14	19	11	62

\* At these two clinics an investigation on anaemia in pregnancy in conjunction with the haematology department at the Radcliffe was in progress. The aim is to demonstrate that if iron is given before the end of the fourth month until delivery the haemoglobin level can be kept up to 90% or more at term. This explains the large number of haemoglobin estimations. No figure is given for treatment of anaemia, because iron was given as a routine. Glaxo Laboratories and Roche Products, Ltd., have generously supplied iron preparations free of charge for all mothers attending these two clinics.

TABLE IV

## End results of antenatal cases attending City clinics

	North Oxford		St. Aldate's		Headington		Donnington		East Oxford		Total	
	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home	Home	Hosp. or Nursing Home
Normal delivery* ... ..	40	2	42	—	82	5	53	4	48	3	265	14
Normal delivery—retained placenta... ..	—	—	—	—	—	—	1	—	1	—	2	—
Normal delivery followed by post-partum haemorrhage ... ..	4	1	—	—	3	—	1	—	—	—	8	1
Normal delivery followed by obstetric shock ... ..	—	—	—	—	2	—	—	—	—	—	2	—
Forceps delivery ... ..	3	2	—	—	2	—	—	—	2	—	7	2
Twins:—												
(a) Otherwise normal ... ..	—	1	—	—	—	—	—	—	—	—	—	1
(b) Premature—1 still-born ... ..	—	—	—	—	—	—	—	—	—	—	—	1
(c) Premature ... ..	—	—	—	—	—	2	—	—	—	—	—	3
(d) 1st breech—2nd forceps ... ..	—	—	—	—	—	1	—	—	—	—	—	1
(e) 1st breech—2nd vertex ... ..	—	—	—	—	—	—	—	1	—	—	—	1
Triplets ... ..	—	—	—	—	—	—	—	1	—	—	—	1
Premature (apart from multiple pregnancy):—(a) Otherwise normal ... ..	—	1	—	—	—	2	—	—	—	—	—	3
Antepartum haemorrhage followed by normal delivery ... ..	—	1	—	—	—	—	—	—	—	1	—	3
Caesarian section for placenta praevia	—	—	—	—	—	1	—	—	—	—	—	1
Caesarian section ... ..	—	—	—	—	—	—	—	—	—	—	—	1
Induction:—												
(a) Normal delivery ... ..	—	1	—	—	—	1	—	4	1	—	1	6
(b) Forceps delivery ... ..	—	—	—	—	—	—	—	—	—	1	—	1
Stillbirth:—												
(a) Breech-born before arrival ... ..	—	—	—	—	—	—	—	—	1	—	1	—
(b) Congenital defects ... ..	—	—	—	—	—	1	—	—	—	—	—	1
(c) Intra-uterine death ... ..	—	—	—	—	1	—	—	—	—	—	1	—
Miscarriage ... ..	—	—	2	—	2	—	—	—	1	—	5	—
Not pregnant ... ..	—	—	1	—	—	—	4	—	1	—	6	6
Left district, result unknown	2	—	1	1	1	—	2	—	1	—	7	7

\* "Normal delivery" means uncomplicated spontaneous vertex delivery. A ruptured perineum is not counted as an abnormality.



### Comments on antenatal care of domiciliary cases

It will be seen from Table I that the trend towards greater participation by general practitioners in antenatal care continues. There is close co-operation between the general practitioners and the antenatal clinics and there has been an increase in the number of mothers receiving routine care at the clinics plus two examinations by their family doctors under the Maternity Medical Service scheme. The quality of antenatal care received by the mothers and the care with which they are selected for domiciliary delivery is clearly shown by the very small proportion of complications occurring at home (see Table IV). Out of 286 births there were only 7 forceps deliveries, 2 still-births and 1 breech.

### 9. Postnatal care for domiciliary cases

TABLE I  
Attendances at the City postnatal clinics, 1951

Clinics	First Attendances	Re-attendances	Total Attendances	No. of Sessions	Average Attendances
Headington	64	13	77	12	6.42
East Oxford	32	13	45	12	3.75
St. Aldate's	48	4	52	12	4.33
Donnington	45	12	57	12	4.75
North Oxford	45	8	53	12	4.41
Totals	234	50	284	60	4.73

TABLE II  
Analysis of postnatal conditions requiring special attention

	North Oxford	St. Aldate's	Head-ington	Donn-ington	East Oxford	Total
A. Treatment given at clinic for:						
1. Anaemia ... ..	5	3	—	—	2	10
2. Weak abdominal muscles ... ..	—	—	8	1	—	9
3. Other medical conditions ... ..	3	1	1	2	—	7
B. Special investigations:						
1. Haemoglobin ... ..	21	10	21	11	6	69
2. Catheter specimen of urine ... ..	—	—	4	2	—	6
C. Referred to own doctor:						
1. Erosion ... ..	—	—	1	—	—	1
2. Other medical conditions ... ..	—	1	—	1	—	2
D. Referred to Radcliffe Maternity Department:						
1. Erosion ... ..	6	4	12	6	6	34
2. Other gynaecological conditions ... ..	—	1	1	1	1	4
3. Sterilisation ... ..	—	—	—	1	—	1
E. Referred to City Birth Control Clinic ... ..	1	5	12	3	3	24
F. Referred to Family Planning Clinic ... ..	26	22	20	6	10	84

### Comments on postnatal care

Of the midwives' cases who attended an antenatal clinic and were delivered at home during the year (i.e. 286 cases) a postnatal examination was made as follows:—

City clinics .. .. .	201
General practitioners .. .. .	15
Clinic and general practitioners .. .. .	5
	<hr/>
	221
	<hr/>

This gives a figure of 77%, which is very encouraging. In 1950 it was only 64%—but this was a slight under-estimate in that a few examinations carried out by general practitioners were not included.

Table II again shows the great value of postnatal care. 38 mothers were found to need gynaecological treatment, 24 were considered to need contraceptive advice on medical grounds, while 84 expressed a wish for guidance on family planning.

64 of the mothers who attended for the first time during the year had not had a postnatal examination after their previous baby. (This indicates that our constant efforts to make postnatal examination easy for the mothers and to educate them as to its importance bears some fruit).

### 10. Emergency obstetric service

This service was called upon in the City on fourteen occasions during the year. All the patients made a good recovery. It cannot be too strongly emphasized that this life-saving service contributes an essential part in making domiciliary midwifery safe.

Details of the calls are as follows:—

	<i>Domiciliary</i>	<i>Private Maternity Home</i>
Retained placenta and/or post-partum		
haemorrhage .. .. .	9	2
Obstetric shock .. .. .	1	—
Failed forceps .. .. .	—	1
Abortion .. .. .	1	—

### 11. Notifiable infectious diseases associated with childbirth

#### Ophthalmia neonatorum

In 1951, 13 notifications were received.

Number of cases notified		Vision Unimpaired	Vision Impaired	Deaths	Left District
Domiciliary confinements	Institutional confinements				
3	10	13	—	—	—



### Puerperal Pyrexia

Of the 64 cases notified during the year, 5 were domiciliary confinements and 59 were institutional.

### Pemphigus neonatorum

3 notifications were received. All cases occurred in institutional confinements.

### 12. Investigation of stillbirths and neo-natal deaths

Whenever possible neo-natal deaths, stillbirths or miscarriages occurring at home are investigated by the Department of Morbid Anatomy, Radcliffe Infirmary.

### 13. Maternal Mortality

For the second year in succession there were no deaths attributable to childbirth.

### 14. Institutional Maternity Accommodation

Maternity accommodation still fell short of public demand during 1951. Beds were invariably found, however, for all cases with medical or obstetrical grounds for admission and for all normal cases with unsuitable domestic conditions for domiciliary delivery. Mothers applying for a hospital bed are examined by the obstetrician and the names and addresses of those who have no medical or obstetrical claims on a bed are referred to the Health Department for investigation. In every case the home is visited by a municipal midwife who either arranges a domiciliary delivery or refers the mother back to the hospital to book a bed.

Details of visits of this nature made during the year are as follows:—

#### I. *Source from which patients were referred:—*

Radcliffe Maternity Department	.. ..	173
Churchill Maternity Department	.. ..	122
General practitioners	.. ..	25
		<hr/> 320 <hr/>

#### II. *End results after home visit by midwife:—*

Home confinement arranged	.. ..	126
Referred to Radcliffe Maternity Department		90
Referred to Churchill Maternity Department		68
Referred back to general practitioner with recommendation for hospital delivery	..	12
Patient made arrangement with private Nursing Home	.. ..	15
Referred to County Health Department	..	1
Left Oxford	.. ..	4
Not pregnant	.. ..	2
Miscarried	.. ..	2
		<hr/> 320 <hr/>



The total number of cases investigated was 107 less than in 1950. Home confinements were arranged for 39% of them, which is much the same proportion as in previous years.

### 15. Birth Control

The Clinic for City patients requiring contraceptive advice on medical grounds continued to be held once a week at the Radcliffe Infirmary. During the year 529 attendances were made, 61 being first attendances and 468 re-attendances.

TABLE I

#### Medical indications in new patients

Pulmonary tuberculosis .. .. .	7
Tuberculosis in husband .. .. .	1
Poor health associated with frequent pregnancy .. .. .	19
Gynaecological conditions .. .. .	6
Psychological conditions .. .. .	8
Recent illness .. .. .	1
Recent miscarriage .. .. .	1
Recent obstetrical complications .. .. .	5
Recent toxæmia of pregnancy .. .. .	4
Recent triplets .. .. .	1
Hypertension .. .. .	1
Varicose veins .. .. .	1
Asthma .. .. .	1
Renal calculi .. .. .	1
Dermatitis .. .. .	1
Likelihood of diseased offspring .. .. .	2
Illness due to attempted abortion .. .. .	1
	<hr/>
	61
	<hr/>

TABLE II

#### Source of new patients

General practitioners .. .. .	12
Municipal postnatal clinics .. .. .	17
Child welfare clinics .. .. .	9
Health visitors .. .. .	5
Chest clinic .. .. .	5
Radcliffe Maternity Department .. .. .	5
Churchill Maternity Department .. .. .	4
Radcliffe Infirmary .. .. .	1
Family Planning Clinic .. .. .	1
No official source .. .. .	2
	<hr/>
	61
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TABLE III

**End Results** (i.e. condition when last seen in 1951, grouped according to year of first attendance)

First attended in:—	1935—1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	Total
1. Not pregnant, method satisfactory	12	3	8	6	8	12	16	33	30	50	178
2. Pregnant:—											
(a) Admitted failure to follow instructions .. ..	—	—	—	—	—	—	—	3	3	2	8
(b) Claimed to have followed instructions .. ..	1	—	—	—	—	—	—	2	1	—	4
(c) Deliberately against advice ..	—	—	—	—	—	—	—	—	1	—	1
3. Not pregnant but discharged:—											
(a) Failure to attend regularly ..	—	—	—	—	—	—	—	3	1	—	4
(b) No longer medical grounds for advice .. ..	1	1	1	1	—	3	7	15	6	1	36
(c) Personal reasons	—	—	2	—	—	1	—	2	2	—	7
(d) Sterilized ..	—	—	—	—	—	1	—	—	—	—	1
(e) Menopause ..	1	—	—	—	—	—	—	—	—	—	1
(f) Hysterectomy	1	—	1	1	—	—	1	—	1	—	5
4. Left district ..	—	—	1	—	—	1	—	2	1	4	9
5. Pregnant on first attendance ..	—	—	—	—	—	—	—	—	—	4	4

### Comments

Table I shows that the largest category of patients with ill-health requiring advice is that of the mother over-burdened by too frequent pregnancies. If she can be given peace of mind and a rest from child-bearing it is of undoubted benefit to her health and to the welfare of her family. Help given in these circumstances may well play a part in preventing the development of “problem families”.

Study of the source of patients over a number of years shows that although a large number always come from the preventive medical services an increasing proportion are referred by general practitioners and hospitals.

The end results, as set out in Table III, show that there were 36 patients who were discharged with their health restored during the year. If these patients still wish to have advice about family planning they are referred to the voluntary clinic which is run under the auspices of the Family Planning Association.

Very close contact is maintained with all the patients, both by letters and by the health visitors. If a patient needs further supplies and cannot attend to collect them, they are sent to her by post.

## B. CHILD WELFARE

### 1. Premature babies

It is still the practice in Oxford to arrange for as many as possible of the premature births to take place in hospital. In the rare instances in which a premature or sick baby has to be transferred to hospital the "Premature Baby Flying Squad" is available at the Radcliffe for its transport. During 1951 there were 12 domiciliary births of babies weighing  $5\frac{1}{2}$  lbs. and under. Their weights were as follows:—

Under 4 lb. 6 oz.	..	..	..	—
4 lb. 6 oz.—4 lb. 15 oz...	..	..	..	1
5 lb.—5 lb. 8 oz.	..	..	..	11
				—
				12
				=

3 of these babies were transferred to hospital. All those nursed at home and 1 of those admitted to hospital were still alive at 28 days.

All premature babies born in or admitted to the Radcliffe Maternity Department or the Churchill Hospital are seen at intervals at a special follow-up clinic at the Radcliffe Infirmary by a member of the paediatric staff. The smaller premature babies are also kept under very close supervision by one of the ophthalmologists at the Oxford Eye Hospital for the first six months of life with a view to the early detection and treatment of retrolental fibroplasia. The regular supervision of the health of premature babies in the home is carried out by the health visitors and child welfare clinics. Everyone concerned keeps in close touch in order to ensure the avoidance of nutritional disorders such as anaemia and rickets to which premature babies are particularly prone.



2. Child Welfare Clinics

TABLE I  
Attendances at Child Welfare Clinics, 1951

	Number on register		First attendances		Re-attendances		Total attendances	Number of sessions	Average attendances
	Under 1 year	Between 1 & 5 years	Under 1 year	Between 1 & 5 years	Under 1 year	Between 1 & 5 years			
Bury Knowle, Headington (2 clinics weekly) ...	170	387	247	31	3501	1238	5017	103	48.71
Barton ...	74	69	28	2	601	142	773	23	33.61
Cowley ...	81	148	97	5	1527	522	2151	51	42.18
East Oxford (2 clinics weekly)	148	232	163	31	2215	507	2916	101	28.87
New Hinksey ...	64	131	81	9	1269	719	2078	51	40.74
St. Aldate's ...	67	101	83	3	1239	245	1570	51	30.78
Summertown ...	54	107	73	9	807	400	1289	51	25.27
Slade Park ...	67	137	83	24	942	409	1458	51	28.59
New Marston (2 clinics weekly) ...	108	305	177	38	1972	1216	3403	103	33.04
Wolvercote ...	34	77	42	3	512	267	824	52	15.85
Donnington (2 clinics weekly)	165	354	199	24	2470	928	3621	102	35.50
Y.M.C.A., Walton Street ...	94	105	104	10	1528	289	1931	51	37.86
Totals ...	1126	2153	1377	189	18,583	6882	27,031	790	34.22

Comments

The opening of a new clinic at the Community Centre on the Barton Estate in July met a long-felt need. It is a great boon for the mothers to be able to obtain the clinic services without making the uphill journey to Bury Knowle. It was thought desirable to maintain two weekly sessions at Bury Knowle, despite the withdrawal of the Barton children, because of the large numbers attending. The development of the North Way Estate has contributed to the continued high figures for attendance. This new estate badly needs a clinic of its own—both Bury Knowle and Marston are inconveniently far away.

The clinic which worked under very unsatisfactory conditions in a dilapidated hut behind St. Francis's Church was transferred to adapted premises on the Slade Park in September. This change has resulted in a vastly improved service for the mothers and babies in the Park and the adjoining district.

The figure for total attendances at all the clinics shows a slight reduction in comparison with 1950, when they were 28,668. The attendances recorded in this way are an under-estimate of the actual attendances, as it is usual to record only those children who are weighed. Many mothers come for advice from the health visitor, or to collect their National Welfare Foods, without having their children weighed.

For the second year in succession the medical officers of the child welfare clinics kept a record of their work. There were 695 sessions at which a doctor was present and altogether individual children were seen by a doctor on 9801 occasions. (An increase of 796 over 1950).

The following table gives a summary of the reasons for which a child was seen by the doctor:—

Diphtheria immunization	.. ..	1836	} 43% (31% in 1950)
Vaccination against smallpox (performance or follow-up)	.. ..	1298	
Pertussis immunization	.. ..	1359	
Routine medical inspections—first	..	1262	} 24% (29% in 1950)
subsequent		1230	
Consultation in relation to a problem	..	2432	} 33% (40% in 1950)
Follow-up of medical inspection or consultation	.. ..	1018	

(An individual consultation may figure in more than one category; for example a child might come for a routine birthday examination and be immunized at the same time).

This table shows that the relative amount of time spent in prophylactic procedures at the clinics has increased in comparison with 1950—a finding which has a close relationship to the very satisfactory figures for vaccination and immunization given elsewhere in this report.

The routine medical inspections brought to light a number of conditions not already receiving attention but requiring either treatment or further observation. These were classified as follows:—

		<i>First inspection</i> (usually in early weeks of life).	<i>Subsequent inspection</i> (usually at 1st, 2nd, 3rd and 4th birth- day).
Nutritional and dietetic	..	152	88
Mental and psychological	..	1	9
Eyes	.. .. .	29	14
Ears, nose and throat	.. ..	13	12
Umbilical	.. .. .	64	9
Genital organs	.. .. .	30	20
Orthopaedic	.. .. .	14	41
Miscellaneous	.. .. .	73	50
		<hr/> 376 <hr/>	<hr/> 243 <hr/>

The following table gives a summary of the nature of the problems about which the mother originally sought advice from the doctor or paid a follow-up visit:—

Feeding problems and gastro-intestinal conditions (including failure to gain weight)	.. .. .	822
Mental and psychological	.. .. .	66
Eyes	.. .. .	245
Ears	.. .. .	155
Respiratory system	.. .. .	393
Mouth	.. .. .	74
Pallor	.. .. .	212
Sleep	.. .. .	115
Skin	.. .. .	445
Orthopaedic	.. .. .	209
Genital organs	.. .. .	121
Umbilicus	.. .. .	158
Prematurity	.. .. .	36
Mother's health	.. .. .	83
Miscellaneous	.. .. .	296
		<hr/> 3430 <hr/>

Neither of these tables shows any striking difference when compared with 1950.

The following table shows the number of children who were referred elsewhere for treatment:—



Own doctor.. ..	111
Orthopaedic department .. ..	5
Eye hospital .. ..	9
Other hospital departments .. ..	17

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142

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(208 in 1950)

### Tuberculin jelly testing

As the result of a conference between the medical staff of the Chest Clinic, the Paediatric Department and the Health Department, it was decided to carry out tuberculin jelly testing at routine birthday examinations at child welfare clinics. The procedure was brought into operation on a small scale at first—at Marston in May and at Bury Knowle (Tuesday session only) in July.

The following table shows the tests performed during the year:—

	Under 1 year	1 year	2 years	3 years	4 years	Total
Negative reaction ...	13	60	43	32	36	184
Positive reaction ...	—	—	1	—	—	1
Did not return for reading	—	2	8	5	2	17
Totals ... ..	13	62	52	37	38	202

### Notes on positive reactors

There was only one positive reactor (representing 0.54% of the children tested and read). This child had no clinical or radiological signs of the disease but is remaining under observation at the Chest Clinic. Investigation of the family revealed no tuberculous infection in the child's home; but it was found that a step-uncle living in a house which the child visited had been discharged from the Royal Air Force with pulmonary tuberculosis in 1942. A 20-months' old baby living in this latter house had contracted tuberculous meningitis about a month previously. It thus seemed highly probable that the man was the source of infection in both cases. Unfortunately, in spite of every effort (including a visit by the Chest Physician to the house) he refused to be examined.

### Voluntary workers

Tribute must be paid to the invaluable services of voluntary workers at all the child welfare clinics. It is doubtful whether any other town is as fortunate as Oxford in this respect. It is remarkable that it is possible to run sixteen sessions each week with no paid staff apart from the doctor and health visitor. There is no doubt that a vast amount of valuable preventive work is carried out as the result of the faithful attendance, year after year, of this large band of voluntary helpers.

### 3. Treatment of pre-school children at Minor Ailment Clinics

The following table shows the number of attendances made by pre-school children at School Minor Ailment Clinics under an arrangement made with the Education Department.

	<i>First attendances</i>	<i>Re- attendances</i>
Skin:—		
Ringworm—head .. .. .	1	8
Impetigo .. .. .	—	2
Other skin diseases .. .. .	1	—
Nose and throat diseases:—		
Speech .. .. .	—	1
Miscellaneous (minor injuries, sores, etc.)	1	3
	—	—
	3	14
	==	==
1950 totals .. .. .	29	28
1949 totals .. .. .	40	62

It will be seen that the number of children requiring treatment for minor ailments has decreased markedly in the last three years. This is undoubtedly due to the improvement which has taken place in the general health of pre-school children. It is also probable that the reduction is partly due to the ease with which treatment can be obtained from the family doctor under the National Health Service.

### 4. Exchange of medical staff with the Paediatric Department

The two paediatric registrars continued to act as medical officers at child welfare clinics throughout the year, while two of the Assistant Medical Officers of Health took part in special outpatient sessions at the Radcliffe Infirmary. Any Assistant Medical Officer of Health who is free attends the postgraduate paediatric ward round at the Radcliffe Infirmary on Saturday mornings.

### 5. Teaching of medical students

Medical students from the Radcliffe Infirmary, during their six months' training in obstetrics and gynaecology, each attend four sessions at child welfare clinics in order to receive instruction in child care, infant feeding and the various prophylactic procedures. These visits are preceded by two lectures on infant feeding by the Senior Assistant Medical Officer for Maternity and Child Welfare.

6. Infant deaths in 1951

Causes of death	WEEKS				Total	MONTHS				Grand Total	Died in Institutions
	0-1	1-	2-	3-4		1-	3-	6-	9-12		
1. Pneumonia ...	—	—	2	—	2	2	—	—	—	4	4
2. Gastro-enteritis ...	—	—	—	—	—	1	—	—	1*	2	—
3. Haemolytic disease of the newborn ...	1	—	—	—	1	—	—	—	—	1	1
4. Atelectasis ...	1	—	—	—	1	—	—	—	—	1	—
5. Prematurity ...	5	—	—	—	5	—	—	—	—	5	5
6. Prematurity and birth injury ...	3	—	—	—	3	—	—	—	—	3	3
7. Prematurity and respiratory infection	—	—	1	1	2	—	—	—	—	2	2
8. Asphyxia ...	2	—	—	—	2	—	—	—	—	2	2
9. Congenital malformations ...	4	—	—	—	4	—	—	—	1	5	4
10. Mongolism and pneumonia ...	—	—	—	—	—	1	—	—	—	1	1
11. Birth injury ...	2	—	—	—	2	—	—	—	—	2	2
12. Birth injury and pneumonia ...	—	—	—	—	—	—	1	—	—	1	1
	18	—	3	1	22	4	1	—	2	29	25

\* Inward transfer.

Comments

Study of this table again demonstrates the very high standard of infant care in the City. If prematurity, congenital malformations and other hazards of birth are excluded, there remain only six deaths—four from pneumonia and two from gastro-enteritis (one occurring away from Oxford).

7. Nurseries

(a) Day Nurseries

The two day nurseries continued to admit children under two years of age who, as the result of some special hardship, cannot be cared for adequately by their mothers.

TABLE I

The following table gives details of the work of the two day nurseries during the year.

Nursery			No. of places available	Average No. on Register	Average daily attendance	No. of Staff
Botley Road	...	...	40	40	29.00	8
Florence Park	...	...	30	30	25.63	6



TABLE II

Reasons for admission of new children during 1951 were as follows:—

	<i>Botley Road</i>	<i>Florence Park</i>
Housing conditions .. ..	38	8
Illegitimate children .. ..	7	8
Parents separated .. ..	4	11
Parents' disability or chronic sickness	2	3
Doctor's recommendation .. ..	6	7
Mother a widow .. ..	—	2
Mother a medical student .. ..	—	1
	—	—
	57	40
	==	==

Children are admitted on grounds of "housing conditions" only after investigation by a health visitor.

Both nurseries are training schools for the National Nursery Examination Board Certificate. The Health Department nominated one student for the course beginning in September 1951, but she withdrew to be married. Four Health Department students took their examination in 1951 and three were successful.

### (b) Nurseries and Child Minders Regulation Act 1948

Details of registration under this Act are shown in the following table:—

	Number registered at 31st December, 1951	Number of children pro- vided for
Premises ... ..	6	108
Daily Minders ... ..	3	22

### (c) Red Cross Crèche

The crèche, staffed by the British Red Cross Society, continued to operate on one afternoon a week at Alexandra Court Clinic.

37 children, ranging in age from one month to 4½ years were on the register during the year.

## 8. Care of illegitimate children

### (i) Mother and Baby Hostel

This hostel (14 beds and 12 cots) continued to flourish throughout the year. It meets the needs of unmarried mothers who are also homeless. When there is room cases from other areas are accepted on payment of the full cost of maintenance. It is also sometimes possible to provide temporary accommodation for a homeless married woman and her baby

under Part III of the National Assistance Act. There is an annexe which provides overnight accommodation for a stranded woman with or without a child.

Admissions and discharges during the year (excluding the annexe) were as follows:—

					<i>Admissions</i>	<i>Discharges</i>
Mothers	..	..	..	..	36	38
Babies	..	..	..	..	28	33

The average length of stay was as follows:—

Antenatal	..	..	..	..	9½ weeks.
Postnatal	..	..	..	..	3¾ months.

The mothers and babies stay until some satisfactory plan for their future can be made. The disposal of the 22 City mothers with illegitimate babies discharged during the year was as follows:—

Discharged with every prospect of keeping baby and giving it adequate care (i.e. to own home, marriage, resident post, etc.)	..	..	..	..	..	..	18
Mother to resident post, baby to foster home	..	..					1
Mother to own home, baby to care of Children's Department	..	..	..	..	..	..	1
Mother to institution, baby to care of Children's Department	..	..	..	..	..	..	1
Mother to resident post, baby adopted	..	..	..				1

It is thus clear that the hostel has had considerable success during the year in establishing babies with their own mothers and in keeping them out of institutions.

## **(ii) Provision of special social worker**

The City Council pays an annual grant to the Oxford City Moral Welfare Association for the part-time services of their Outside Worker. This worker keeps in close contact with the Health Department. She attends meetings of the Maternity and Child Welfare staff and the Mother and Baby Hostel House Section, at which she submits a full report of her work for unmarried mothers and their babies.

## SECTION VI

## DENTAL SERVICE

(For mothers and pre-school children)

Report by C. H. I. MILLAR, L.D.S.,  
Chief Dental Surgeon

The resignation of Miss M. I. Johnston, at the end of June 1951, wound up the dental service which had been available in the city. In the first six months of the year, she had been working full-time at the St. Aldate's clinic, Mrs. H. Pigott part-time at Bury Knowle and, during March, April and May Mr. Dimdore, part-time at East Oxford clinic, Cowley Road. A new Chief Dental Officer was appointed but did not take up his appointment until October, so that from July to October no public dental service existed. From October to the end of the year the professional staff was restored to one full-time and one part-time officers, as Mrs. Pigott recommenced her duties on October 29th.

In the circumstances the dental care of expectant and nursing mothers and pre-school children, was restricted, virtually to the emergency treatment of patients referred to the St. Aldate's clinic by the doctors at ante-natal and post-natal clinics. Routine inspections of these groups had to be discontinued, and until the staffing position improves considerably, there seems little prospect of any kind of comprehensive dental treatment being provided as part of the Maternity and Child Welfare service.

Facilities for X-ray examination were made available at the Radiological Department of the Radcliffe Infirmary, by the courtesy of the Radiologist, and one patient was referred.

Dentures have been made under contract by a dental technician, in his private laboratory.

1951

## (a) Numbers provided with dental care

	Examined	Needing Treatment	Treated	Made Dentally fit
Expectant and Nursing mothers ... ..	18	18	18	10
Children under five ...	55	55	55	42



## (b) Forms of dental treatment provided

	Extrac- tions	Anaesthetics		Fillings	Scalings or Scaling & Gum Treatment	Silver Nitrate Treatment	Dressings	Radio- graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and Nursing Mothers ...	55	30	9	13	3	—	16	1	2	4
Children under five ...	61	60	1	28	—	—	36	—	—	—

## SECTION VII

### MENTAL HEALTH

REPORT BY J. B. M. DAVIES, M.D., D.P.H.,  
Deputy Medical Officer of Health

The Mental Health Section has now adjusted itself to the new changes introduced by the National Health Service Act, 1946.

It has been a very busy year, particularly as regards the number of admissions to mental hospitals, of which there were 310 during the year compared with 223 in 1950.

#### 1. Administration

##### (a) Constitution of the Mental Health Sub-Committee of the Health Committee

The Mental Health Sub-Committee consists of 7 members of Council and 2 co-opted members. This committee meets monthly and deals with the administration of the Mental Health Service of the City.

##### (b) Staff

###### (i) *Medical.*

The Medical Officer of Health has delegated to his Deputy the day to day supervision of the Section. The Deputy Medical Officer of Health attends the meetings of the Mental Health Sub-Committee.

###### (ii) *Non-Medical.*

2 Duly Authorised Officers (1 male, 1 female) full-time.

1 Duly Authorised Officer (male) half-time.

1 Assistant Mental Health Visitor (female) full-time.

These officers undertake social and community care for both mental defectives and mental patients (under Section 28 of the National Health Service Act, 1946). A rota of duty has been arranged so that one Duly Authorised Officer is always available to deal with emergencies.

##### (c) Co-ordination with Regional Hospital Board and Hospital Management Committee

The Deputy Medical Officer of Health is a member of Littlemore Hospital Management Committee. There is an arrangement for mutual help between Duly Authorised Officers of the City and County of Oxford to cover such factors as holidays and illness.

**(d) Duties delegated to Voluntary Associations**

No duties of the Local Health Authority have been delegated to voluntary Associations.

The City Council continues to make a grant to the Oxford Voluntary Association for Mental Health, and has also made a grant to the National Association for Mental Health.

**(e) Training of Mental Health Workers**

1 Duly Authorised Officer and 1 Assistant Mental Health Visitor attended a conference arranged by the National Association for Mental Health.

**2. Account of Work undertaken in the Community****(a) Section 28 of the National Health Service Act, 1946**

Whenever possible, the Duly Authorised Officers have undertaken mental care and after-care work. It is often in rehabilitation that their help is of value and it is a pleasure to record the helpful assistance given by the Rehabilitation Officer of the Ministry of Labour. The Duly Authorised Officers have generally found it easy to maintain a friendly contact with the patients and have not found them at all resentful because their original admission to a mental hospital was arranged by the Duly Authorised Officers. This is a theoretical difficulty which does not occur in practice.

**(b) Lunacy and Mental Treatment Acts, 1890—1930**

The following figures give the number of cases dealt with by the Duly Authorised Officers in 1951 compared with the previous year.

			1950	1951
Admissions:	Certified	.. ..	57	60
	Section 20	.. ..	32	88
	Temporary	.. ..	5	4
	Voluntary	.. ..	129	158
	Totals	.. ..	— 223	— 310
Discharges:	Certified	.. ..	41	48
	Section 20	.. ..	22	3
	Section 21A..	.. ..	14	6
	Temporary	.. ..	4	5
	Voluntary	.. ..	133	155
	Deaths	.. ..	24	37
	Totals	.. ..	— 238	— 254
Examinations in Lunacy (not certified)	.. ..	.. ..	3	3

During the year there were 310 individual admissions to mental hospitals compared with 223 during 1950 (these figures are not comparable



with those in previous reports where total and not individual admissions were given). This large increase in the admission rate was mainly accounted for by an increase of 56 in Section 20 cases and of 29 in voluntary patients; the certified figures only rose by 3.

These admission statistics are shown on the accompanying graph which demonstrates that increases occurred equally in those admitted from their homes as well as those admitted from general hospitals in the City. Of the 152 persons admitted during the year as either certified, Section 20, or temporary patients, 84 entered mental hospitals direct from their homes, while 68 came from general hospitals in Oxford, and out of the latter admissions 48 (70.5%) came originally from areas outside the City.

The Duly Authorised Officers are mainly concerned with admissions of certified, Section 20, or temporary patients, and it will be seen that roughly one-third of this group came from other local health authority areas, having first been admitted to one of the general hospitals in the City. These figures emphasise the extra amount of work our Duly Authorised Officers are called upon to undertake because of the presence of large general hospitals within the City.

All Section 20 cases are essentially very urgent admissions and the reason sometimes mentioned that there is a greater reticence at present to keep minor mental illness at home is very unlikely to have any effect on urgent cases. There may be a tendency for less certification to be undertaken and for some persons to be admitted under Section 20 who might otherwise have been certified but this would have no effect on the total number of admissions. It is impossible to find any satisfactory reason for all these increases except an increase in the amount of acute mental illness during the year.

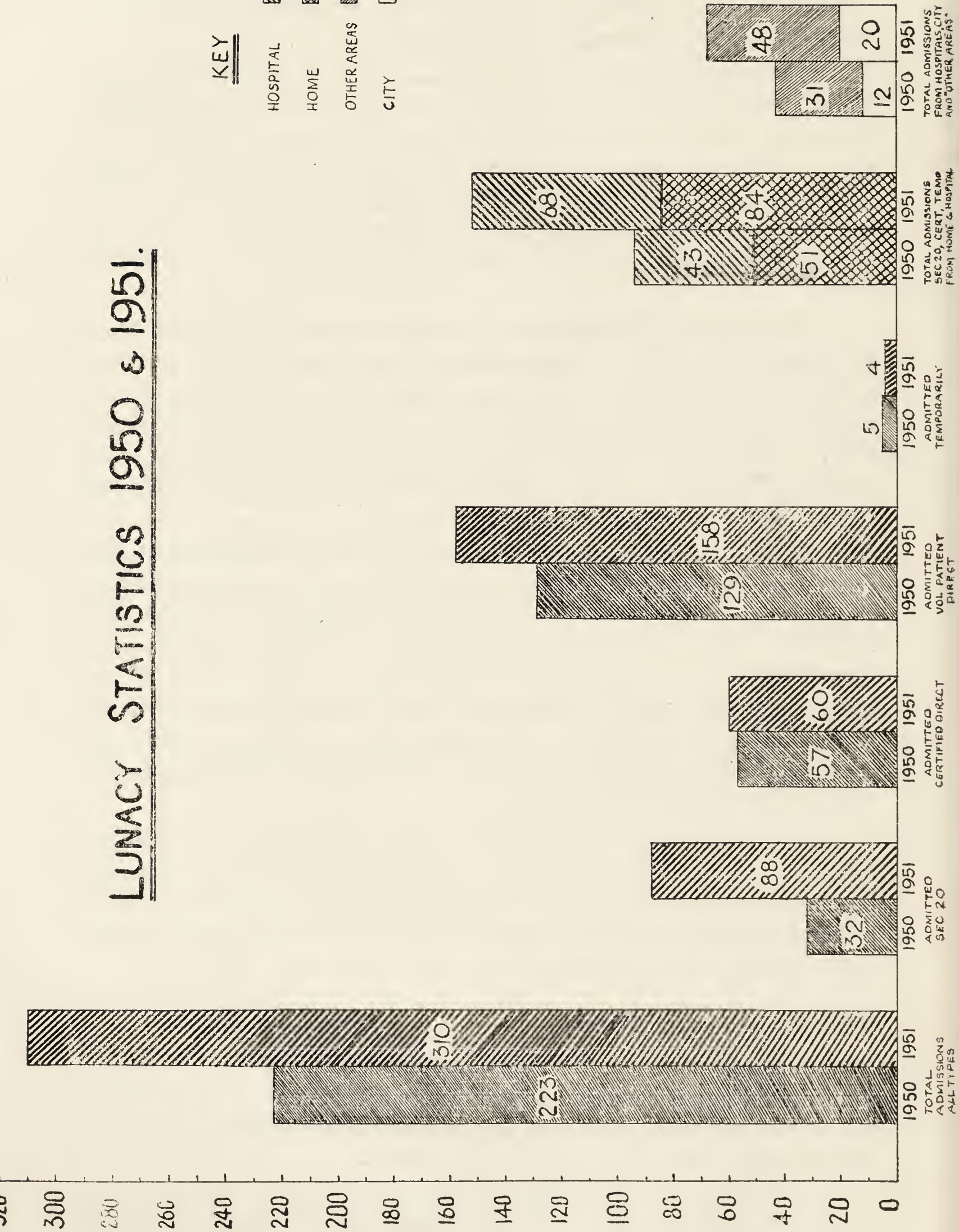
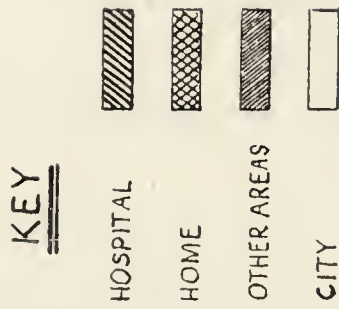
The large difference between the numbers admitted and discharged has not been noted before and this has resulted in the local mental hospitals becoming more overcrowded, with the consequence that admissions have been more difficult to arrange although every help and assistance has been given by the staff of Littlemore and the other mental hospitals.

### **Old Age and Mental Illness**

A marked increase in the number of old persons in the City admitted to mental hospitals has been noticed in recent years and to give an exact idea of this increase a graph is attached showing the admissions for 1947—1951 classified both by age and type of patient.

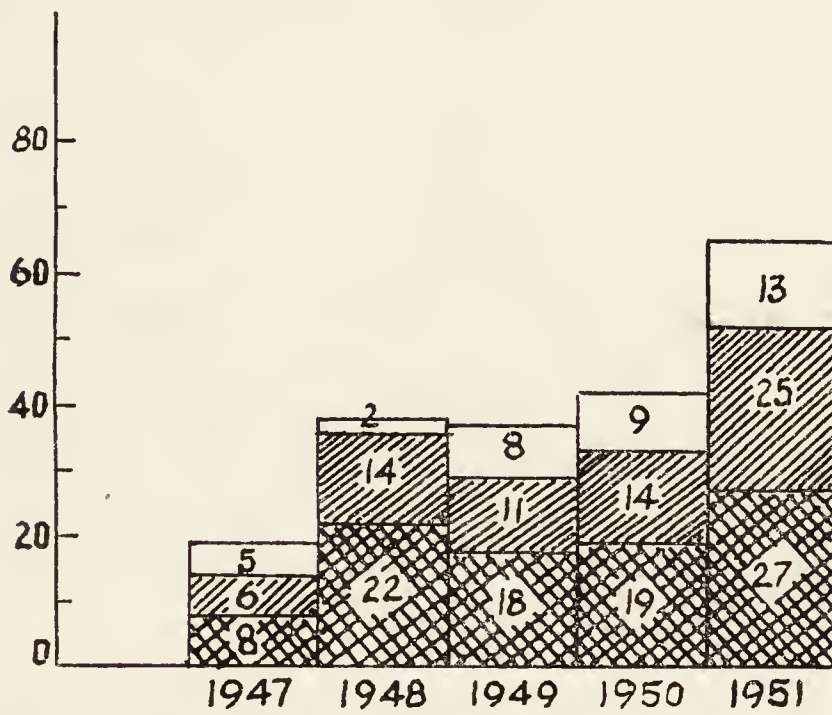
The total figures rose sharply in 1948, then remained fairly constant for three years and again rose during 1951, when the figure was 65 for admissions in persons over 60 years of age compared with 19 in 1947. All age groups have been involved in this increase and all types of admissions. Nearly all the 33 old persons certified as insane during the year

# LUNACY STATISTICS 1950 & 1951.

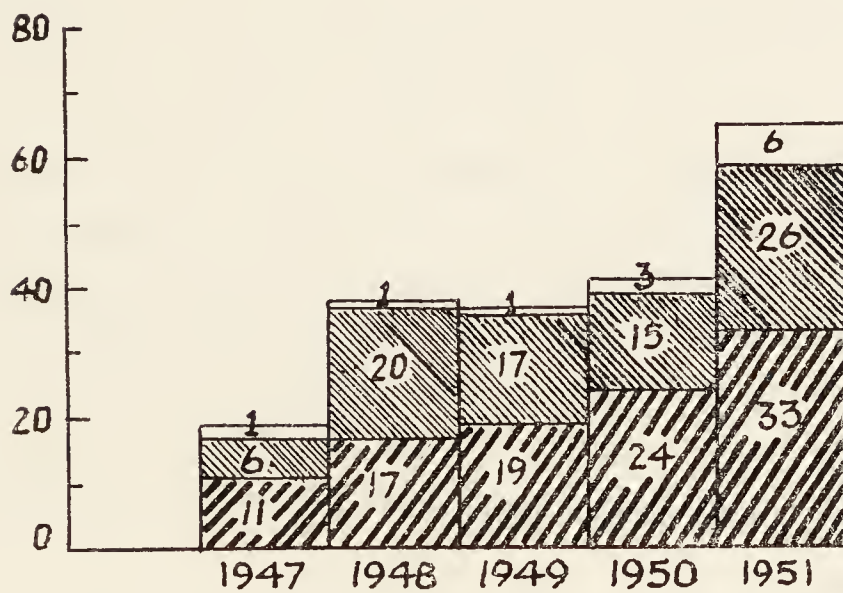




# ADMISSIONS OF PERSONS OVER 60 YEARS OLD TO MENTAL HOSPITALS.

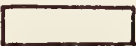







CLASSIFIED BY AGE



CLASSIFIED :- CERTIFIED, VOLUNTARY, TEMPORARY.

## KEY

80+		TEMPORARY	
70-79		VOLUNTARY	
60-69		CERTIFIED	



were suffering from senile dementia. The majority of these old persons are Oxford residents and, before 1948, many would have been admitted to Cowley Road Hospital in its capacity as a Public Assistance Institution. It is not suggested that this hospital, which is now a specialist geriatric unit and with which there is excellent co-operation, is still the right place for such old persons, but admission to a mental hospital appears to be a harsh measure, particularly as, due to lack of separate facilities, these senile dementia patients have to be treated alongside psychotics of all ages; such a solution of this problem is neither logical nor easy to defend on moral grounds. Wards for cases of senile dementia are dreary places and their removal from Part III accommodation and from hospitals for the aged sick is the right policy, but such removal has created a new problem, the solution of which should not be, as at present, to admit these old people to mental hospitals. Although young people seem less ready to look after their old folk in this condition, this is not the main cause of this problem, which has arisen from recent legislation which has made admission as a certified patient to a mental hospital the only practical alternative to the wards of the Public Assistance Institution.

It seems clear that separate units are needed to accommodate these senile dementia patients and such units might be provided by local authorities in hostels under either Section 28 of the National Health Service Act 1946 or Section 21 of the National Assistance Act 1948. The staffing of such units would provide supervision and general care but not skilled nursing and this would help to relieve the already critical nursing position in mental hospitals. An alternative arrangement would be to have special annexes attached to mental hospitals, but accommodation in a special home provided by a local authority is probably more appropriate as it would do away with having to certify as insane these old people—a distasteful procedure when it is realised that all they are suffering from is a direct result of their old age.

### **(c) Mental Deficiency Acts 1913—1938**

#### *(i) Ascertainment*

19 new cases were added to the register in 1951. Of these, 15 were reported by the Education Committee (6 under Section 57 (5); 1 under Section 57 (4); (6 under Section 57 (3); 1 as Visitor to Occupation Centre; 1 for Voluntary Supervision). 4 were reported from various sources.

No new cases were reported from the Courts.

The waiting list for institutional accommodation, at the end of 1951, is:—

	1951	1950	1949
Children under 5 .. .. .	0	1	1
Children 5—15 .. .. .	6	5	2
Adults .. .. .	9	8	1

(ii) *Guardianship and supervision*

During the year one case was placed under Guardianship at Brighton, but died. One case at Brighton became unsuitable for Guardianship and was transferred to an Institution.

At the end of the year, 10 cases remained under Guardianship, of which 5 are under the care of the Brighton Guardianship Society and 5 are in Oxford.

At the end of the year, there were 110 cases under Statutory Supervision, and 98 under Voluntary Supervision. (120 and 108 respectively in 1950). 7 cases are being supervised for outside Authorities.

All mental defectives, including those under guardianship, statutory and voluntary supervision, are visited regularly by the Duly Authorised Officers. In addition, routine medical inspections of defectives under statutory supervision are carried out by the medical staff of the Department.

(iii) *Training: Occupation Centre*

39 defectives were in attendance at the Occupation Centre at the end of the year, 28 of whom are Oxford City cases, the remainder coming from Oxfordshire. The drop in the total number of defectives from 55 last year is due to the fact that the defectives from the Old House, Wheatley, no longer attend. The defectives are conveyed to the Centre by bus, accompanied by a member of the staff.

Social and habit training are among the most important functions of this centre which is carrying out most valuable work. Suitable defectives are given simple training in handicrafts and woodwork. It is often difficult to decide whether a young child is ineducable or not, and an arrangement has been made whereby such children attend the occupation centre as visitors for a term. Having these children under expert observation in this way, is of great value in deciding whether any child is defective.

Plans for a new Occupation Centre, to be built on a site at Littlemore, are in hand. Because of the construction of the new school premises adjacent to the present Centre, it is absolutely essential that the new premises are provided within the next year. Conditions at the Occupation Centre this year have often been most difficult, due to the dirt and dust from the neighbouring building site, but the staff have cheerfully overcome all adverse factors in a most praiseworthy manner.

Suitable patients receive instruction in their homes from a Home Teacher employed by the Oxford Voluntary Association for Mental Health.







	<i>M.</i>	<i>F.</i>
Brought forward ..	29	25
Stoke on Trent, Stallington Hall ..	2	—
Stoke Park Colony, Bristol .. ..	2	2
Stourbridge, Sunfield Children's Homes	1	—
	—	—
	34	27—61
On licence from Bristol, Brentry Colony	1	—
„ „ „ Buntingford, St. Francis		
School .. .. .	2	—
	—	—
	3	— —3
		—
	Total	64
		==

(v) *Place of Safety*

No case occurred during the year in which a place of safety for a mental defective was needed urgently. But the difficulty referred to in length in last year's annual report is potentially as great and the solution as remote as ever.

## SECTION VIII

### WELFARE SERVICES

REPORT BY J. B. M. DAVIES, M.D., D.P.H.,  
Deputy Medical Officer of Health

The City Council has delegated to the Health Committee its functions under the National Assistance Act, 1948, and the Welfare Services Sub-Committee of the Health Committee meets monthly and deals with the administration of the welfare services of the City. Duties in relation to the management of residential accommodation have been delegated to a special House Section of the Welfare Services Sub-Committee.

### ACCOMMODATION FOR AGED, INFIRM, AND HOMELESS PERSONS

#### (a) Residential Accommodation

Accommodation under Part III of the National Assistance Act, 1948, is provided at The Laurels, London Road, Headington.

Early in the year, negotiations for the purchase of Frilford House, Frilford Heath, were completed. The necessary adaptations were carried out during the year and the house was furnished and equipped in readiness to open early in 1952. Accommodation in this home will be provided for 26 persons and this will be of considerable assistance, but further residential accommodation for old persons will certainly be needed.

During the year, the Ministry of Health gave official sanction to the proposal mentioned in the last annual report, whereby the National Corporation for the Care of Old People will build a rest home for old people as an annexe to Cowley Road Hospital, now a specialist geriatric unit. The running costs of this home will be shared between the City and the Oxford Regional Hospital Board on a case user basis. Detailed plans for the home have now been drawn up and agreed upon.

#### The Laurels

Adapted to accommodate 116 residents, The Laurels has continued to be overcrowded with an average of 143 residents. During the year, 75 persons were admitted and 65 discharged; roughly one-third of the admissions and discharges are temporary exchanges arranged with Cowley Road Hospital. There were 8 deaths during the year.

The staff consists of:—

Matron and Deputy Matron (both State Registered Nurses).  
 Senior Male Officer.  
 3 Assistant Nurses.  
 5 Female Attendants.  
 7 Male Attendants.  
 Ancillary Workers.

The standard charge for accommodation has remained at £4 per week. Each resident pays according to means and all those in receipt of a National Assistance Grant keep 5/- a week for pocket money. 24 of the residents received additional pocket money up to 5/- per week in return for their carrying out many small jobs in the home.

A general medical practitioner visits regularly and attends at any time on request. All residents have complete freedom to select their doctor, but it is found that most choose the visiting general practitioner.

Two female wards in the home have been adapted during the year into curtained cubicles so arranged that, during the day-time, the curtains can be drawn back, making one large room.

Recreational facilities available to the residents include a small library and reading-room, radio and television, regular cinema shows, concerts, and whist drives, and occupational therapy organised by a trained occupational therapist. Twenty cigarettes, or 1-oz. of tobacco, are provided free, per week, to those residents who smoke.

During the year, a television set was given to the home by an anonymous donor who also undertook to maintain this set. This handsome gift has been greatly appreciated by the residents. In the summer, a motor coach trip into the Cotswolds was arranged and the residents themselves, at their own expense, organised some other motor coach outings, all of which were enjoyed. There is no doubt that the old people are very happy in this home in spite of the old buildings and overcrowding.

### Voluntary Homes

The following Voluntary Homes are registered with the Local Authority for the care of disabled and old persons:—

	<i>Accommodation</i>
St. Basil's Home, 293 Iffley Road .. ..	26 females
Nazareth Home, Cowley Road .. ..	{ 22 females 9 males
Council of Social Service Home, 115 Banbury Road	21 persons
British Red Cross Society's Home, 107 Banbury Road	20 females
Miss E. Afford, 12/13 Walton Street .. ..	5 females
Mrs. Guise Thomson, Greengates, 2 Hernes Road..	5 persons

The agreements made with the following homes to place accommodation at the disposal of the City continues:—



St. Basil's Home	..	..	..	..	4 residents
Nazareth Home	..	..	..	..	4 residents

The whole of this accommodation has been fully used during the year and has been of great value to the City owing to the shortage of accommodation. The City Council has been responsible for augmenting the retirement pensions or National Assistance Grant to enable the following persons to meet the maintenance charges:—

- 14 persons in St. Basil's Home.
- 4 persons in Nazareth Home.
- 1 person in St. John's Nursing Home.
- 10 persons in B.R.C.S. Home.

In a similar way, by arrangement with the other Local Authorities, the City Council has accepted the financial responsibility for the following:—

- 2 persons maintained in L.C.C. Homes.
- 2 persons maintained in Oxon C.C. Homes.
- 3 persons maintained in Chalfont Colony.
- 2 persons maintained in other voluntary homes.

### (b) Temporary Accommodation

The position in relation to the temporarily homeless has improved during the year, the number of families accommodated having been reduced from 7 to 4 and, undoubtedly, this is largely due to the Sub-Committee's decision, early this year, to admit only those persons who were rendered homeless through circumstances which could not have been reasonably foreseen.

There has been a redistribution of the accommodation at The Laurels for temporary residents, and there are now 6 rooms provided for this purpose.

## WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS

### (a) Blind

The staff dealing with this problem includes an almoner, a full-time home teacher, and a workshops manager.

### Statistics.

The following table shows, in age groups, the number of Registered Blind Persons in the City:—

0-1	2-4	5-15	16-20	21-39	40-49	50-64	65-69	70 & over
M F	M F	M F	M F	M F	M F	M F	M F	M F
— —	3 —	1 2	— —	5 5	8 9	21 19	7 8	24 52

Total: 69 males and 95 females = 164, of whom 131 are over 50 years old, and 91 over 65 years old.

The cause of blindness in the three children in the 2—4 year age group was retrolental fibroplasia.

## Children

During the year, two children were admitted to Sunshine Homes, one for backward children, and one for normal children. Both settled down well and have made noticeable progress. A third child is awaiting admission. A 10-year old boy is doing well at Condover School; a girl of 13 is being educated at the Birmingham School for the Blind, and another girl of the same age is at the Ellen Terry Home for Mentally Defective Children.

## Employment

### (i) *Open Industry or Self-Employment*

19 people are employed in open industry. A woman successfully completed her training as a telephone operator and is now employed in Oxford.

Other persons are employed as follows:—

- 9 (8 men and 1 woman) work in factories.
- 2 work for Local Authority.
- 2 hold University appointments.
- 1 Music Teacher (male).
- 1 Bicycle Repairer (male).
- 1 Housekeeper (female).
- 1 Clerk in Holy Orders (male).
- 1 Sub-Post Office Mistress (female).

Several totally blind women are running their homes very efficiently without help.

Some blind persons work at home as part-time workers and the Authority markets the goods made by them. Such workers are engaged in machine knitting, hand knitting, chair caning, and basket making.

### (ii) *Workshop Employment*

Workshops for the Blind are provided at The Laurels, Headington, and at 4 Little Clarendon Street, and under arrangement with the B.R.C.S. at Headington Hill Hall. The following are working in workshops:—

<i>Men</i>	<i>Women</i>	<i>Trade</i>
1	—	Basket Work.
1	—	Mat Making.
—	1	Chair Repairing.

### (iii) *Home Workers*

At the beginning of the year, a home workers' scheme was introduced, with the object of providing full time work at home for suitable registered blind persons. Under the scheme, provided that a prescribed minimum is earned, the City Council augments the earnings of the home workers up to those laid down by the Joint Industrial Council for Workshop Workers. At the end of the year there were 4 persons working in the scheme, 2 at machine knitting, 1 at blind copying, and another at cycle-repairing. Some minor adjustments may be necessary, but the scheme has been generally well accepted.

### **Marketing of Goods**

The blind retail shop at 4 Little Clarendon Street, continued to sell articles made by the blind working at home or in workshops.

Articles have also been taken during the year from the National Institute for the Blind Workshops, Reigate, and from the Workshops for the Disabled, Portsmouth, and sold in the shop.

### **General Welfare**

Two convalescent holidays have been provided and arrangements have been made for others to have holidays at seaside homes for the blind.

Wireless sets, from the Wireless for the Blind Fund, have been supplied to all blind persons in need of them, the repair and maintenance being paid for by the City.

The City pays subscriptions to the National Library for the Blind for twelve readers. A few others can now read Braille and Moon types, but are finding the books at Greyfriars sufficient for their needs at present. Several people have given new books and periodicals during the year and these are a great asset.

Four of the blind have derived great pleasure from talking book machines.

There is one guide dog which takes its master to and from work.

### **Social Activities**

Socials have been held twice a month, except during the summer, and outside speakers and singers have provided varied entertainments. At one social the National Institute for the Blind sent a representative to demonstrate various appliances and apparatus for the use of blind people.

The Christmas Party at the Town Hall, and the Summer Outing to Gloucester, were well attended and much enjoyed. There were also smaller outings during the summer.



There is a social club run by the blind themselves and branches of the National Federation for the Blind, and St. John’s Guild for the Blind.

Voluntary Help

Grants from the Oxford Society for the Blind have included fares for holidays, help towards clothing, invalid foods and comforts, as well as Christmas gifts to those in homes or hospitals, and to others with special needs.

The number of voluntary visitors has increased. These visits, which include reading to the blind, writing their letters, and escorting them to socials, are very much appreciated.

The Oxford Eye Hospital Patients’ Welfare Fund has kindly invited blind people and their escorts to the concerts given to the patients.

(b) Deaf Blind

There is one man who is totally blind and deaf; he lives at the Laurels and is employed in the workshop there and goes every year to a holiday home for deaf-blind in Cheshire.

(c) Partially Sighted

At the end of 1951 there were 78 persons registered in the observation register. All these people are substantially and permanently handicapped by defective vision.

The following table shows the age-group on the register:—

0-1		2-4		5-15		16-20		21-39		40-49		50-64		65-69		70 & over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	3	2	1	—	4	—	—	2	10	9	1	7	13	26

Total: 32 males and 46 females = 78, of whom 66 are over 50 years and 47 over 65 years old.

The commonest cause for admission to the partially sighted register was glaucoma (16 persons). Two people have been transferred to the blind register. Two boys are at Brighton School for Partially Sighted, and a girl is at the Barclay School at Ascot.

Lessons in Braille have been given to three people whose prognosis is bad.

(d) Deaf and Dumb

The welfare of the deaf and dumb has continued to be undertaken by the Oxford Diocesan Association for the Deaf and Dumb, acting as agents for the City Council. This Association has also accepted responsibility for the welfare of the deaf and dumb in Berkshire (with the exception

of Reading County Borough) Buckinghamshire, and Oxfordshire, each Authority contributing on a population basis.

The local headquarters and club rooms are situated at 65 Banbury Road. These club rooms are open three times a week for socials and club recreations. Every Sunday a religious service is held in the Chapel.

#### **(e) Hard-of-Hearing**

The welfare of hard of hearing persons in the City of Oxford has continued to be undertaken by the Department of Otolaryngology at the Radcliffe Infirmary.

The Oxford and District Club for the Hard of Hearing has rapidly grown and the original premises used for meetings became too small. Some difficulty was experienced in finding a suitable hall but, eventually, arrangements were made to use St. Michael's Hall.

An interim financial grant was made to the Club to help meet the cost of hiring these new premises and provision made for an annual financial grant to this Club, which has already become well established and is doing most valuable work in the City.

#### **(f) Crippled Persons**

During the year, the Club for Crippled Persons, organised by the British Red Cross Society, increased in membership and has become most popular with the crippled. Fortnightly meetings are held at No. 101 Banbury Road. The main difficulty with this Club has been transport, the Society having to rely on large private cars. Payment for transport (when necessary) is undertaken by the City Council, and the latter has also provided some equipment (tables) for the Club.

#### **Meals on Wheels**

This service has been continued during the year by the W.V.S. and B.R.C.S., and an average number of 78 old people are supplied with a hot meal twice weekly. The meals, at a cost of 9d. per meal, are paid for by the recipient, the Council only being responsible for the cost of transporting meals at the rate of 6d. per mile. The food is cooked and supplied by the Catering Department of the City.

#### **Removal of Persons in Need of Care and Attention**

During the year it has not been necessary to institute proceedings under Section 47 of the National Assistance Act, 1948.

#### **Temporary Protection of Property of Persons Admitted to Hospitals, etc.**

The duty of the Council under Section 48 of the National Assistance Act, 1948, to protect the property of patients admitted to hospital or to

accommodation under Part III of the act, has been effected in two cases during the year.

**Burial or Cremation of the Dead**

Under Section 50 of the National Assistance Act, 1948, the Council has a duty to cause to be buried or cremated the body of any person who has died or been found dead in their area, where no suitable arrangements for disposal have been made. During the year, it has been necessary for the Council to arrange four such burials. In two cases so dealt with, full recovery of the cost involved has been made.



## SECTION IX

## ENVIRONMENTAL HYGIENE

REPORT BY W. COMBEY, D.P.A., M.R.San.I., A.M.I.S.E.,  
Chief Sanitary Inspector

It has been a year of considerable activity in most branches of the Service, especially in connection with food handling, food premises, shops and factories.

A special rodent survey of the sewerage system of the City was also carried out with a view to follow-up investigation of surface infestations in due course.

Meat inspection continued to occupy much time, and while the number of carcasses examined was lower than last year considerable overtime by Inspectors was necessary owing to uncertain arrivals and other factors at the slaughterhouses. A full complement of staff, however, allowed the burden to be shared and more attention devoted to district work without any reduction in the important duty of safeguarding the meat supplies of the district. The downward trend of the incidence of tuberculosis in cow carcasses continued from 31% in 1945 to just over 20% in the present year. This, in all probability, is a reflection of the persistent field work by Veterinary Officers on the nation's dairy herds. There was, however, a slight increase in the amount of tuberculosis found in cattle other than cows.

More samples of milk were taken for analysis than for some time, and the results were disappointing for a considerable proportion proved below standard. A number of these were "appeal to cow" samples, and showed some very poor quality milk. There is undoubted need for improvement in the quality of milk produced by some herds and much work remains to be done in this field of food production.

It may not be long before Oxford is declared an area wherein only special designation milk may be sold, for very little ungraded raw milk is now retailed in the City.

There was a welcome reduction in the amount of unsound foodstuffs discovered during the year, despite increased inspection of food premises. Imported canned ham gave rise to some concern in many districts throughout the country, and Oxford was no exception, but the Ministry of Food were soon advised of the circumstances and steps were taken to secure improvement in quality.

Perhaps the most disappointing feature of the year's work was our inability to make much progress in the field of housing repairs and slum

clearance. It is abundantly evident that the country is passing through a most difficult economic period, and this makes it incumbent upon us to exercise restraint in operating housing measures which are in many cases unreasonable under present circumstances. This situation cannot, however, long continue without causing undue hardship to occupiers of sub-standard houses and give rise to much misgiving on health grounds. Some action by the Government in the not far distant future is clearly desirable if a complete break-down in housing improvement machinery is to be prevented. The present situation cannot be improved without considerable expense, for there is complete economic upset in the housing field having regard to the high costs of building, repairs, and maintenance of premises in relation to financial returns.

The survey of circumstances relating to the aged and infirm continued, Miss Reeves working in close co-operation with the Home Help and Welfare Sections of the Department.

Whole hearted and loyal support was forthcoming from all members of the staff during the year, and it is pleasing to record appreciation of their work and sustained interest in the many activities necessary for maintaining a high standard of environmental hygiene in this City.

The Report is divided into three main sub-sections having relevant statistics and dealing with—

- (a) General Sanitary Circumstances and Water Supply;
- (b) Housing Conditions; and
- (c) Milk, Meat and Other Food Supplies.

## **(A) GENERAL SANITARY CIRCUMSTANCES AND WATER SUPPLY**

### **(i) Complaints and Inspections**

There were received during the year 1,318 complaints regarding nuisances and conditions giving rise to concern, this number being a slight increase on the figure for 1950 (1,266).

Complaints relating to infestations with rats, mice and vermin of various kinds amounted to 772 (over half of the total complaints), while 213 complaints were received regarding housing defects. The number and nature of inspections carried out in connection with general sanitary circumstances are shown in the following tables.

### **Complaints**

Accumulations of Refuse	..	..	..	..	..	12
Choked and Defective Drains	..	..	..	..	..	46
Defective Water Supply	..	..	..	..	..	3
Defective Water Closets	..	..	..	..	..	20
Dirty or Verminous Premises	..	..	..	..	..	66
General Housing Defects (including dampness)	..	..	..	..	..	213



Insect Pests .. .. .	168
Keeping of Animals .. .. .	3
Noise Nuisances .. .. .	8
Offensive Odours .. .. .	87
Overcrowding .. .. .	9
Refuse Accommodation .. .. .	35
Rodent Infestations .. .. .	604
Smoke Nuisances .. .. .	13
Miscellaneous .. .. .	31
	<hr/>
	1,318
	<hr/>

### Number and Nature of Inspection

*No. of visits*

Water Supply .. .. .	22
Drainage .. .. .	545
Piggeries and Stables .. .. .	331
Common Lodging Houses .. .. .	43
Tents, Vans and Sheds .. .. .	553
Refuse Storage .. .. .	114
Rats and Mice .. .. .	1,654
Smoke Observations .. .. .	146
Shops .. .. .	521
School Sanitation .. .. .	4
Overcrowding .. .. .	6
Verminous Premises .. .. .	132
Housing Visits .. .. .	2,006
Miscellaneous Sanitary Visits .. .. .	1,205
Interviews .. .. .	438

### (ii) Sanitary Circumstances of Aged Persons

The conditions under which the aged and infirm are living in the City continue to be investigated by Miss Reeves, the qualified lady member of the Staff. It was possible during April and May to distribute among some of these aged persons 267 individual parcels of food which were received from New Zealand. These parcels were a surprise item as reception of food from abroad was considered to have lapsed during 1950. It is not anticipated that any further food parcels will be received.

There was again little need for direct intervention in many cases of old persons living alone; 3 cases were persuaded to visit a Cleansing Station for baths and 22 were admitted to Institutions during the year. The Home Help Service was found most useful in dealing with a number of cases where relatives were not available to assist in keeping homes clean. Once again it was noted that there were more females living alone than males. In no case was there need to invoke action by the Medical Officer



of Health under the terms of Section 47 of the National Assistance Act, 1948.

### Sanitary Circumstances of Aged and Infirm, 1951

Number of Cases visited	..	..	..	..	..	588
„ visits paid to the above cases	..	..	..	..	..	1,535
„ Cases referred to Relatives	..	..	..	..	..	20
„ „ for Home Help	..	..	..	..	..	19
„ „ admitted to Institutions	..	..	..	..	..	22
„ „ treated at Cleansing Stations	..	..	..	..	..	3
„ „ known to have died since visitation	..	..	..	..	..	48
„ „ found living alone—Males	..	..	..	..	..	8
					Females	78

### (iii) Common Lodging Houses

The Church Army continue, by agreement, to supervise the Charles Street annexe in addition to the existing hostel in Cambridge Terrace; both premises are usually fully occupied and the standard and condition remains highly satisfactory. The Church Army organisation gives considerable attention to the accommodation of homeless men and excellent co-operation continues between their Officers and our Staff. The number of beds available in the two premises is 141.

### (iv) Moveable Dwellings

38 Licences to erect or station moveable dwellings, principally of the trailer-van type, were granted during the year under the provisions of Section 269 (ii) of the Public Health Act, 1936; 5 site licences involving some 56 moveable dwellings were also issued under the terms of Sub-Section (i) of the same Section, but two of these site licences involving 37 moveable dwellings had not been proceeded with by the end of the year. 553 inspections were made during the year and conditions generally were found satisfactory. Close liaison has been established with the Town Planning Department in order that Town Planning permission and Public Health licences may be granted in accord.

Demand for sites continued and there is no doubt that the interest in caravan dwelling will persist so long as the housing situation proves difficult. The number of approved sites has been kept low and the number of dwellings licenced was slightly less than during 1950. There is, of course, little land within the City boundary suitable for major development in connection with caravan sites, but two applications dealt with during the year were of some interest. The City of Oxford Motor Services Limited submitted a scheme for the erection of moveable dwellings on a site at the rear of their Central Garage. Difficulties in connection with staffing of the Local Bus Services was the prime reason for this application and plans were approved for orderly development on concrete sites of 28 moveable dwellings, having water closets and water supply provided to each dwelling

and with a central communal laundry block. Later, the Company submitted an amendment to their original scheme to allow for the use of converted double decker bus bodies instead of normal caravans. These would provide 2 bed-room accommodation and were accepted in principle by the Town Planning Committee after inspection of a prototype. Another application for development of an organised site for moveable dwellings in the same neighbourhood as the Bus Company's project was refused by the Planning Committee owing to the built-up nature of the site concerned, but the Health Committee could find no grounds for refusing the licence under the Public Health Act and agreed to the proposal subject to satisfactory sanitary conditions; no development had taken place, however, at the end of the year. The Health Committee are, of course, limited to consideration of the public health aspects and deal with applications for licences purely on these grounds. There seems a case, however, for some alteration in existing legislation in order to enable Local Authorities to consider first the whole question of caravan sites from a town planning angle. Thereafter applications for public health licences could be made only in those cases where Town Planning approval had been secured. Public Health approval would, of course, depend upon the satisfying of a Local Authority's conditions regarding sanitation, water supply, etc. Where possible this procedure is adopted by co-operation between this Department and that of Town Planning, but the variation in time limits associated with the Town Planning Act and the Public Health Act occasionally cause some embarrassment in dealing with applications. Furthermore there seems little point in granting a public health licence in connection with a site or erection of a moveable dwelling where such a proposal has been or is likely to be disapproved on amenity grounds by the Town Planning Authority.

#### **(v) Offensive Trades**

Little activity in this connection exists in the City apart from one or two rag and bone dealers and a tripe boiling business which is operated by the Local Butchers' Organisation. This business is carried out under reasonably good conditions, and little trouble has been experienced in connection with the rag and bone dealers.

#### **(vi) Canal Boats**

On the short stretch of canal which runs through part of the City little activity exists. Only coal barges running to and from the Gas Works with coal supplies and an occasional barge loaded with building materials use this waterway. No inspections of boats were made during the year and no new boats were registered.

#### **(vii) Drainage**

46 Complaints regarding defects in drainage and sanitation of buildings were received during the year; 30 drainage systems were recon-



structed or repaired, 40 drains were cleared of obstruction and 89 soil or waste pipes were repaired or renewed. Close co-operation with the Building Inspectors and Drainage Sections of the City Engineer's Department continued during the year.

#### (viii) Riding Establishments, Stables and Piggeries

331 visits were made to this type of premises during the year and conditions generally were found satisfactory, in only isolated cases was it necessary to take action to secure improvements. Most of the piggeries visited are occupied by small holders under the auspices of the Small Pig Keepers Council and were generally in satisfactory condition. There are three riding establishments in the town which are subject to regular six-monthly inspection by the Veterinary Officer appointed for the purpose, and in addition the premises are inspected for sanitary condition by members of this staff. In only one case were conditions unsatisfactory and by the end of the year attempts were being made to secure improvement in conditions. On the whole it was found that accumulations of manure were removed reasonably frequently although there is some need generally for attention to regular lime-washing of premises; occupiers are advised on inspection to pay attention to such matters as drainage, manure storage and removal, and lime-washing.

#### (ix) Factories and Workplaces

A general investigation into factory records proceeded during the year and arrangements were made to compare lists with those of H.M. Inspector of Factories immediately the investigation had been completed. Changes in factory occupations are constantly occurring and some variation in previously reported figures may always be expected. 74 premises occupied by out-workers operating in the City were inspected and their hygienic conditions investigated. No cases were found requiring special attention. The majority of the out-workers concerned are engaged in tailoring and dress-making.

#### Inspection of Factories and Workplaces

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities ... ..	70	77	5	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority ... ..	342	408	12	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ... ..	17	36	2	—
Total ... ..	429	521	19	—



## Defects found in Factories

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	3	2	—	—	—
Overcrowding (S.2) ...	—	—	—	—	—
Unreasonable temperature (S.3) ...	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient ...	4	1	—	2	—
(b) Unsuitable or defective ...	10	6	—	1	—
(c) Not separate for sexes ...	2	1	—	—	—
Other offences (not including offences relating to Homework) ...	1	—	—	—	—
Total ...	20	10	—	3	—

**(x) Shops**

Under the provisions of Sections 37/38 of the Shops Act, 1950 sufficient and suitable sanitary accommodation and washing facilities are required for those working in shops and warehouses. 521 Inspections were made during the year and considerable effort was made to bring our present records up to date. In 7 cases Notices were served requiring improvements and in 6 instances the work required was carried out by the end of the year.

**(xi) Pest Extermination**

5 Rodent Operatives and Sanitary Assistants form the establishment employed for the purpose of dealing with general rodent and other pest infestations. A considerable number of complaints are received each year and in the summer months there is much activity in connection with insect pests. Thanks are again due to the University Professor of Entomology for ready assistance in identification of specimens. There was an unusual number of complaints during the summer regarding wasp nests and 123 were destroyed during the period.

It seems from the figures available for this year that there has been considerable decrease in infestation activity there being a reduction of 50% in first visits and close attention has been given to infestations with a view to complete success wherever possible. A few cases of re-infestation were noted during the year but the number was small in relation to the general activity of the Department.

Efforts were made during the year to plot on the sewer map the infested sections of the sewerage system in order that some attempt at further survey on the ground could be carried out at a later date with a view to checking any connection between the surface and sewer infestations. The results proved interesting in that fairly solid infestation was proved in the centre of the City from Cornmarket to the Radcliffe Infirmary, thence to St. Barnabas and back to Gloucester Green, and in an area stretching from The Plain on both sides of Cowley Road as far as Divinity Road. The remainder of the sewerage system was reasonably clear of infestation. The usual maintenance treatment was carried out using the approved Ministry procedure and poisons; results achieved were very encouraging there being a reduced incidence of infestation. The next treatment due for the coming year is a 10% test baiting of the whole sewerage system. Surface sewers treated during the campaign proved free of infestation.

*Visits in Connection with Rodent Extermination 1951*

						<i>Totals</i>
Local Government Premises						
1st Visits	..	..	..	..	..	110
Re-visits	..	..	..	..	..	961
Dwelling Houses						
1st Visits	..	..	..	..	..	527
Re-visits	..	..	..	..	..	4,894
Business Premises						
1st Visits	..	..	..	..	..	134
Re-visits	..	..	..	..	..	1,673
University Premises						
1st Visits	..	..	..	..	..	13
Re-visits	..	..	..	..	..	125
						<hr/>
						8,437
						<hr/>

*Baits Laid*

Pre-baits	..	..	12,993
Poisonous baits	..	..	6,067
Post baits	..	..	6,756

**Prevention of Damage by Pests Act, 1949**  
Report for Year ended 31st December, 1951.

	Type of Property				Total
	Local Authority	Dwelling Houses	Agricultural	All other (including Business and Industrial)	
I. Total number of properties in Local Authority's District	259	26,086	112	3,727	30,184
II. Number of properties inspected by the Local Authority during 1951 as a result (a) notification or (b) otherwise ...	(a) 26	265	—	62	353
	(b) 16	167	—	49	232
III. Number of properties (under II) found to be infested by rats	Major —	—	—	—	—
	Minor 26	331	—	72	429
IV. Number of properties (under II) found to be seriously infested by mice	—	—	—	—	—
V. Number of infested properties (under III and IV) treated by the Local Authority	42	432	—	111	585
VI. Number of notices served under Section 4:					
(1) Treatment ... ..	—	—	—	—	—
(2) Structural Works (i.e. Proofing) ...	—	—	—	—	—
Total ... ..	—	—	—	—	—
VII. Number of cases in which default action was taken by Local Authority following issue of notice under Section 4...	—	—	—	—	—
VIII. Legal Proceedings...	—	—	—	—	—
IX. Number of "block" control schemes carried out ... ..	—	—	—	—	—

**(xii) Atmospheric Pollution**

146 Visits were made to boiler house plants in the City and 124 observations were made by Inspectors; 51 of these observations were of



half hour duration and in 26 cases breaches of the Smoke Emission By-laws were noted. Action in each case included a visit to the plant and notification of the offence to the management concerned; where necessary the Ministry of Fuel was contacted with regard to fuel quality and boiler house tests.

Smoke nuisances in the City continue to be most marked in the St. Ebbe's and central areas, being associated principally with the Gas Works which, from time to time, cause considerable nuisance by smoke and grit from the old fashioned retorts still in use. The Electricity Power Station has shown some improvement in smoke and grit emission and the several factories which have been noted as chief offenders have co-operated fairly well with the Department. Most smoke emission in any quantity from these factory chimneys appears to be evident in the early part of the forenoon after which reasonable conditions are maintained for the rest of the day. Periodical emissions have been noted at the luncheon break and it is obvious that attention to stoking is the main factor involved. There seems to have been a slight improvement in fuel quality towards the end of the year, but there is still need for intelligent stoking of solid fuel. The Cowley Motor Factory had improvements carried out to their ventilating system in order to improve conditions and while it could not be said that odour from the factory has been completely eliminated there is no doubt that the firm is concerned with regard to the problem and is giving it constant attention. It might be said that the City is fortunate in having a minimum of factory development and consequent danger of atmospheric pollution from that source, but it is well to repeat the statement in last year's report that a considerable amount of pollution still takes place from domestic chimneys, railway engines, heating installations, etc.

### **(xiii) Swimming Baths and Bathing Facilities**

The City is fortunate in having a number of freely available bathing places on the Rivers Thames and Cherwell and these together with Hinksey Open-Air Pools and the Temple Cowley covered Swimming Bath form a valuable addition to the amenities of the City.

The Temple Cowley Swimming Bath is an excellent modern covered swimming bath which is provided with a highly satisfactory system of purification by chlorination. It is fully used in the summer months and samples of water from inlet and outlet are taken periodically by the City Water Engineer for bacteriological examination. 24 samples taken during the year were all returned as satisfactory. 3 other samples were taken from the Open-Air Pools at Parsons Pleasure, Dames Delight and St. Clement's following pollution due to sewer surcharge in those regions; the results in each case showed gross pollution and the City Engineer was asked to close the St. Clement's pool pending improvement in the conditions and, subsequently, certain connections with the sewer in the

region of the pool were sealed off in order to prevent a further pollution from that source in future. It was pleasing to learn during the year that the Hinksey Open-Air Pools are to have a chlorination system fitted with a view to improving the condition of the water which circulates through the pools. In so far as the bathing places on the Rivers Thames and Cherwell are concerned they continue to be open to pollution from many sources and there seems little possibility of any satisfactory control over the conditions; much enjoyment is still derived by many people from these bathing facilities and no major cause for concern was apparent during the 1951 bathing season.

#### (xiv) Water Supply

The following report has been kindly supplied by Mr. H. H. Crawley, A.M.I.C.E., M.I.W.E., the City Water Engineer.

The water supply of the City of Oxford and its surrounding water area was satisfactory in quality and quantity during the year.

The total quantity of water treated at Swinford Works and pumped to Beacon Hill Reservoir during 1951 was 2,326,062,000 gallons, a decrease of 131,436,000 gallons from the previous year's quantity.

After deducting metered supplies the average consumption per head per day for domestic purposes was 25.7 gallons.

#### *Bacteriological Examinations:*

Samples of water from the River Thames, which is the source of supply, were taken each month together with samples after settlement, after filtration and of the final chlorinated water leaving Swinford Works.

The results of the examinations of the above samples showed the following ranges in the probable number of coliform bacilli (2 days at 37°C.) per 100 m.l.:—

River Thames samples	..	..	35 to 16,000
Settled Water samples	..	..	8 to 3,500
Filtered Water samples	..	..	5 to 2,500
Chlorinated Water samples	..	..	0

Bacteriological samples were also taken once a week from each of the service reservoirs and from consumers' taps in various parts of the water area. The results of these samples were as follows:—



Place of Sampling	Total no. of samples taken during 1951	Results.				Grade 1 samples as a percentage of total number
		Ministry of Health Grade				
		1	2	3	4	
Works Cottages ...	12	12	—	—	—	100.0%
Beacon Hill Reservoir	53	53	—	—	—	100.0%
Headington Reservoir	53	52	1	—	—	98.1%
Shotover Reservoir	106	92	11	2	1	86.8%
Boars Hill Reservoir	53	44	6	3	—	83.0%
Consumers' Taps ...	193	189	3	1	—	97.9%
Totals ... ..	470	442	21	6	1	94.0%

The organisms causing the lower grade results were of non-faecal origin but additional chlorination was done as a safeguard at the points concerned.

### Chemical Analyses

Each month a sample of the filtered water before chlorination was taken for chemical analysis. All were satisfactory. A typical result is given below:—

#### *Physical Characters*

Reaction .. .. .	..	..	..	..	..	Alkaline
Colour in 2 ft. stratum	..	..	..	..	..	Clear, pale green
Suspended matter ..	..	..	..	..	..	Nil.

#### *Chemical Characters*

*Parts per million*

Total solids dried at 100°C.	..	..	..	..	385.0
Loss on ignition .. ..	..	..	..	..	38.0
Chlorine in chlorides ..	..	..	..	..	20.0
do. $\times 1.647$ = sodium chloride	..	..	..	..	32.9
Nitrites .. .. .	..	..	..	..	Nil.
Nitrogen as nitrates ..	..	..	..	..	3.7
Saline ammonia .. ..	..	..	..	..	.012
Albuminoid ammonia ..	..	..	..	..	.146
Oxygen absorbed: 3 hrs. at 37°C.	..	..	..	..	1.03
Hardness: Total .. ..	..	..	..	..	240.0
Temporary .. .. .	..	..	..	..	170.0
Permanent .. .. .	..	..	..	..	70.0
Phosphate as $\text{PO}_4$ ..	..	..	..	..	.02
Silica as $\text{SiO}_2$ .. ..	..	..	..	..	4.1
Poisonous metals: Lead ..	..	..	..	..	Nil.
Copper .. .. .	..	..	..	..	Nil.

Result: Satisfactory.

Activated carbon dosage of the settled water was carried out continuously throughout the year as a safeguard against possible formation of chlorophenol tastes and to improve taste during the summer months.



The estimated population of the City, was 106,400. The number of dwelling houses was 25,856. All the properties are supplied from public water mains with the exception of those in Binsey Village where there is a well supply with storage tank, which serves approximately 75 persons.

### **(B) HOUSING CONDITIONS**

The circumstances relating to the general housing position continued to be difficult during the year under review, indeed the situation was, if anything, worse and even greater effort was needed to prevail upon owners of sub-standard dwelling-house property to spend money on repairs for which they could see no return. It was possible with considerable trouble and much negotiation to secure repairs and improvements in a number of cases without formal action, and apart from securing the demolition of a few houses which were in very bad condition little statutory action was taken. 17 houses were licensed during the year under the provisions of Defence Regulation 68AA which is in operation in this district; this allows for six-monthly occupation of unfit dwelling-houses previously dealt with under formal housing procedure but which have been repaired in order to allow for temporary occupation under the terms of the licence. 7 of the houses concerned were included in Clearance Areas, while 10 were the subject of Demolition Orders. Some consideration was given during the year to the purchase of certain unfit properties with a view to re-conditioning but the results were disappointing.

There is no doubt that a growing need exists for some alteration of housing legislation including the Rent Restriction Acts in order to allow of some form of treatment to houses which are rapidly falling into disrepair. Unless owners have some inducement little can be expected in the way of progressive re-conditioning, even the carrying out of normal repair work is costly and frequently places the owner in difficulties owing to the low returns from rentals and the high cost of labour and materials. Difficulty also exists in connection with securing the progressive re-housing of tenants of unfit property which is beyond repair; while it is fair to say that the City Housing Department have been most helpful in finding accommodation as required, there is obviously a limit to which they can go having in mind the limited number of houses being built annually. This situation, therefore, reduces demolition and clearance action to a minimum. The provisions of the 1949 Housing Act as to re-conditioning and improvement of dwelling-houses subject to government grants in approved cases has been quite useless. Overcrowding has not been unduly evident and close co-operation continues with the Housing Department in connection with re-housing generally.

**Number of New Houses erected during the year:—**

(i) By Local Authority					
Temporary Pre-fabricated	..	..	..	..	—
Non-Traditional	..	..	..	..	176
Traditional	..	..	..	..	80
Conversion of Hutments	..	..	..	..	58
(ii) By the Local Authority outside city					
Conversion of Hutments	..	..	..	..	34
(iii) By other Local Authorities	..	..	..	..	—
(iv) By other bodies and persons	..	..	..	..	78

**Inspection of Dwelling-houses during the year:—**

(1) (a) Total number of dwelling-houses inspected for Housing defects (under Public Health or Housing Acts)	..	..	..	..	..	..	201
(b) Number of inspections made for the purpose	..						2,044
(2) (a) Number of dwelling-houses (included under sub-head above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932							26
(b) Number of inspections made for the purpose	..						225
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation.	..	..	..	..	..	..	8
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	..						193

**Remedy of defects during the year without the service of formal notices:—**

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	..	..	..	..	..	..	302
-----------------------------------------------------------------------------------------------------------------------------	----	----	----	----	----	----	-----

**Action under Statutory Powers during the year:—****A. Proceedings under Sections 9, 10 and 16 of the Housing Act 1936:—**

(1) Number of dwelling-houses in respect of which notices were served requiring repairs	..	..	..	..	..	..	13
(2) Number of dwelling-houses which were rendered fit after service of formal notices:—							
(a) By owners	..	..	..	..	..	..	7
(b) By Local Authority in default of owners	..						5

*B. Proceedings under Public Health Acts:—*

- |                                                                                                              |   |
|--------------------------------------------------------------------------------------------------------------|---|
| (1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied .. .. | 1 |
| (2) Number of dwelling-houses in which defects were remedied after service of formal notices:—               |   |
| (a) By owners .. .. .                                                                                        | — |
| (b) By Local Authority in default of owners.. ..                                                             | 1 |

*C. Proceedings under Sections 11 and 13 of the Housing Act 1936:—*

- |                                                                                       |   |
|---------------------------------------------------------------------------------------|---|
| (1) Number of dwelling-houses in respect of which Demolition Orders were made .. .. . | 8 |
| (2) Number of dwelling-houses demolished in pursuance of Demolition Orders .. .. .    | 5 |

*D. Proceedings under Section 12 of the Housing Act, 1936:—*

- |                                                                                                                                                               |   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made .. ..                                                      | — |
| (2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit .. .. | — |



## Repairs and Improvements effected during 1951

	Dwelling Houses	Food Premises	Other Premises	Totals
Accumulations .. .. .	2	—	1	3
Animal Nuisances .. .. .	4	1	—	5
Cooking Accommodation .. .. .	2	—	—	2
Dampness .. .. .	16	1	—	17
Dustbins .. .. .	19	2	—	21
Drain Tests .. .. .	16	1	21	38
Drains/Waste Pipes, etc., Cleared	37	2	1	40
Drains/Soil/Waste Pipes Repaired	110	6	10	126
Doors and Windows .. .. .	67	1	—	68
Ditches and Streams Cleansed ..	—	—	2	2
Floors .. .. .	60	3	—	63
Food Stores .. .. .	1	2	—	3
Fireplaces/Flues .. .. .	20	—	—	20
Gutters, Spouting .. .. .	58	2	1	61
Lighting Improved .. .. .	1	—	2	3
Manure Pits .. .. .	—	—	1	1
Nuisances (General) .. .. .	23	13	8	44
Piggeries .. .. .	—	—	4	4
Roofs .. .. .	92	1	1	94
Rooms, Cleansed .. .. .	12	13	2	27
Sanitary Accommodation .. .. .	25	8	11	44
Sinks/Wash Basins .. .. .	6	1	—	7
Sinks/Wash Basins (Additional) ..	2	4	—	6
Stables .. .. .	—	—	1	1
Smoke Nuisances (Industrial) ..	—	1	2	3
Urinal Accommodation .. .. .	—	—	9	9
Ventilation .. .. .	4	2	2	8
Walls and Chimneys (External) ..	56	1	1	58
Walls and Chimneys (Internal) ..	108	21	1	130
Washing Coppers .. .. .	1	—	—	1
Water Heaters .. .. .	—	36	—	36
Water Supply Provided .. .. .	4	7	—	11
Yards .. .. .	7	2	—	9
Totals .. .. .	753	131	81	965

**(C) SUPERVISION OF MILK, MEAT AND OTHER FOOD SUPPLIES****(i) Milk and Milk Products**

There were on the register at the end of the year 45 distributors of milk of whom 3 operated heat treatment plants approved under the provisions of the Milk Regulations. 12 shopkeepers sold only dairy bottled milk. Of the heat treatment plants in operation one is of the Holder type and two are High Temperature Short Time pasteurisation installations. One of the latter plants is to be transferred to new premises outside the City boundary during 1952. There is little reason to suppose that the daily consumption of milk in the City has fallen below last year's estimate of approximately 1 pint per head per day of the population. Quality of milk continues to give rise to concern, however, for of the large number of samples taken during the year many proved below standard. The legal minimum standard of the Sale of Milk Regulations 1939 is 3% milk fat and 8.5% solids not fat, while Channel Island milk must contain a minimum fat content of 4%.

The following were the results of sampling during the year—figures in parenthesis relating to 1950. 139 (20) Informal milk samples were taken and subjected to analysis, 23 (3) proving below standard in fat content, the average being 2.6% (2.8)%, while 19 (1) of the samples were deficient in solids not fat, the average being 8.3% (8.1%). 92 (70) formal samples of milk were taken as a result of these unsatisfactory informal samples and 44 (31) proved below standard, 26 av. 2.48% being deficient in fat content and 27 av. 8% in solids not fat; a number of the samples which were below the legal minimum standard were declared by the Public Analyst to be genuine but of poor quality, 42 of the formal samples being “appeal to cow” samples of which 17 were below standard. Despite troubles in connection with feeding and breeding there seems no reason why milk of the desired standard should not be produced provided careful attention is given to general management of milking herds of reasonably good quality in the first instance. The management of milk depots which receive milk from a large number of producers must keep a watchful eye on the quality of milk arriving at the depots and official sampling of milk in course of delivery by Inspectors of this Department is of considerable value in promoting reasonable quality standards. It is essential in general bulking of milk at these depots that the legal minimum standards of fat and solids not fat must be attained. There was one prosecution during the year in connection with milk containing added water when the producer concerned pleaded guilty and was fined 10/- on each of seven counts—sympathetic consideration being given by the Magistrates to a plea of a leaking cooler.

Of the 144 samples of Raw Tuberculin Tested Milk subjected to the Methylene Blue Test for keeping quality 13 or 9.0% failed, this result being somewhat similar to that in 1950. Follow-up samples were taken in all cases of failure and reference made to the Milk Advisory Service of the Ministry of Agriculture and Fisheries and attention directed to bottle washing etc. where this was felt desirable. There is very little ungraded raw milk sold in the City and all 5 samples taken during the year proved satisfactory as to keeping quality. The time is probably not far distant when the City may be declared an area where only milk of special designation can be sold.

Of the heat-treated milks sampled only 8 or 1.2% of 657 samples taken failed the Methylene Blue Test, while 7 or just over 1.6% of 659 samples failed to satisfy the Phosphatase Test—which is used to indicate whether or not milk has been satisfactorily heat treated. One sample from each of 2 plants failed during the year, the other 5 related to a third plant which was giving unsatisfactory results during the early period of its daily operation. Alteration to the heating system proved successful, since which time all tests have been satisfactory. While there was a reduction in the number of tests of heat-treated milk declared void due to excessive atmospheric temperature during testing time, it is disturbing to find that



the considerable work involved is useless at a time when the results are of particular significance. It is hoped that the Ministry's technical staffs will be able to overcome this unfortunate situation.

	Samples Tested	Normally Satis.	Satis. under abnormal temp.	Total Satis.	Declared Void	Failed
<i>Raw Milk</i> (Methylene Blue Test)						
T.T. (farm bottled)	84	78	—	78	—	6
T.T. .. ..	60	53	—	53	—	7
Ungraded ..	5	5	—	5	—	—
Total ..	149	136	—	136	—	13
<i>Heat Treated Milk</i> (Methylene Blue Test)						
Pasteurised ..	446	353	65	418	22	6
T.T. (Pasteurised)	211	169	33	202	7	2
Total ..	657	522	98	620	29	8
<i>Heat Treated Milk</i> (Phosphatase Test)						
Pasteurised ..	448	443	—	443	—	5
T.T. (Pasteurised)	211	209	—	209	—	2
Total ..	659	652	—	652	—	7

#### *Tubercle Bacilli in Milk.*

Increased activity was shown in this connection during the year, 236 (156) samples of milk being submitted for bacteriological test for the presence of tubercle bacilli. 3 Samples or 1.3% were returned as positive involving two producers' herds. Appropriate steps were taken to secure eradication of the offending animals by co-operation with the District Councils concerned and the Animal Health Division of the Ministry of Agriculture and Fisheries. The infected milks had in each case been subjected to pasteurisation at City depots, but it was interesting to find on enquiry that part of one production was not sent in to the City but was being retailed in a County district in a raw condition. This was a disturbing factor as there had previously been no indication that the milk from the herd concerned was being distributed in two directions, and points to the need for immediate notification of the circumstances to the district involved so that the necessary measures can be taken locally.

#### *Ice Cream.*

The number of dealers registered in connection with handling and sale of ice cream continues to increase, although the majority now handle ice cream in a pre-wrapped condition. 17 Manufacturers (19) and 234 (194) retailers were on the register at the end of the year. 842 (685)



inspections were carried out and 190 (173) samples of ice cream were taken for purpose of examination by the Methylene Blue Test which indicates the bacteriological cleanliness of the sample. A high standard of cleanliness generally is achieved by ice cream handlers throughout the City and strict observance of the Clean Food Byelaws is insisted upon by the Department. The comparison of the samples taken during the year under review and 1950 is interesting and shows commendable improvement in the results.

		1951	1950
Grade 1	..	138	67
Grade 2	..	30	58
<hr/>			
Grade 3	..	14	35
Grade 4	..	8	13

This table shows that 88.4% of the ice cream samples taken were classified in the satisfactory grades 1 or 2, and 11.6% in grades 3 or 4. In all cases of unsatisfactory grades investigation of the circumstances was made and follow-up samples taken.

The Ministry of Food by the Food Standards (Ice Cream) Order 1951 fixed an interim standard for quality at 5% fat, 10% sugar and 7½% milk solids other than fat. This standard is a considerable improvement on the previous requirement of 2.5% minimum fat content which had been prescribed as a condition for securing supplies of certain ingredients.

61 (23) samples were taken during the year and analysed by the Public Analyst. 57 proved satisfactory as regards fat content, 13 reaching 10% or over—the average being 8.25%, and 57 satisfied the non-fatty solid and sugar content. In 3 cases the fat standard fell below 5%. There is no doubt that the quality of ice cream has improved considerably during the last year or two and ice cream manufacturers and dealers generally may be congratulated on improvement both in the quality and hygienic condition of their commodity. Every food trade would do well to emulate the high standards attained by the ice cream industry as a whole. Only 3 samples of iced lollies were taken during the year and in each case the sugar content was in the region of 3½% and all were bacteriologically satisfactory being returned as Grade 1. Further consideration is being given to the conditions under which water ices are being prepared and sold with a view to deciding whether or not registration should be insisted upon.

## (ii) Clean Food Campaign

This continues in a quiet but practical fashion, persistent effort being made to ensure general compliance with the Clean Food Bye-laws and the requirements of Section 13 of the Food and Drugs Act throughout all the food premises in the City. The number of inspections of food premises has been considerably stepped up and Inspectors are constantly in touch

with food traders in order to see that good hygienic standards are maintained in all branches of the food industry. The Chief Sanitary Inspector was asked during the year to report upon the hygienic conditions and standards operating in the various hospital kitchens and canteens of the United Oxford Hospitals Service, and report was later made to the Health and Hygiene Committee of the Medical Staff Council. It was not possible during the year to complete the organisation of training classes in hygiene for members of the food trades for despite offers of this service difficulties in connection with the attendance of employees have so far prevented its practical application. Co-operation in most respects is forthcoming from all sections of the food industry and there is no doubt that public interest in clean food has been maintained. Every step must be taken, however, to stress the need for clean and safe food, clean premises and clean service—which has been our slogan since the Clean Food Campaign commenced. High cost of improvements, water heaters and the like has been a deterrent to securing progress in some cases, but commendable effort has been made by many traders to comply with our reasonable demands.

### Inspection of Food Premises

The following is a summary of the various food shops and premises within the City, together with visits paid during 1951.

Premises	No.	Visits
Butchers .. .. .	82	598
Fishmongers and Poulterers .. .. .	32	257
Fried Fish Shops .. .. .	25	120
Fruiterers and Greengrocers .. .. .	104	144
Grocers .. .. .	230	825
Bakehouses .. .. .	30	290
Dairies and Milkshops .. .. .	45	365
Restaurants, Cafes and Snackbars .. .. .	87	570
Open Stalls, Carts, etc. .. .. .	17	552
St. Giles' Fair Food Stalls .. .. .	33	594
Ice-cream Retailers Registered .. .. .	234	842
Food Preparing Premises Registered .. .. .	44	511
Miscellaneous visits .. .. .	—	682
Visits <i>re</i> sampling .. .. .	—	1,010
Totals .. .. .	963	7,360

### (iii) MEAT INSPECTION

Despite a decrease in the number of animals inspected during the year a considerable amount of overtime was necessary on account of late slaughtering hours, and only 2 of the 3 slaughterhouses in the City were in regular use, the Hernes Road premises being closed during the year. There is no doubt, of course, that a central abattoir of modern construction and sufficient capacity should be provided in the Oxford area as the present accommodation is far from satisfactory and heavily overloaded.



### **Tuberculosis**

There was again an increase in the percentage of cattle (excluding cows) found suffering from tuberculosis the figure being 11% compared with 10.4% for 1950 and 9.1% for 1949. There was also a further decrease in the percentage of cows so affected the figure being 20.3% as against 25.4% for 1950 and 27.6% for 1949. This is most gratifying and shows a sustained improvement in the incidence of tuberculosis among cows. Only 3 cases were discovered out of nearly 5,000 carcasses of calves inspected during the year, the percentage being the same as for the previous two years, i.e. 0.1%. Attempt was made to trace the origin of the affected calves particularly that which was totally condemned but the efforts were unsuccessful. On the other hand there was an increase in the percentage of pig carcasses found affected with tuberculosis the figure being 5.9% as against 4% during 1950 and 5.9% for 1949.

### **Cysticercus Bovis**

During the year 60 cases of suspected *Cysticercus Bovis* were found in cattle at slaughterhouses and the carcasses were referred for cold storage precautions. Specimens from all carcasses were examined at the Radcliffe Pathological Laboratory and in 29 cases various stages of *C. Bovis* were demonstrated, 23 being confirmed as viable cysts, the remainder being non-viable. Effort was made in all confirmed cases to trace the source of the animal concerned, and information was given to the Regional Medical Officer. The results showed a decrease in last year's figures there being only 29 as against 41 confirmed; there was, however, a notable increase in the numbers confirmed as viable there being 23 out of 29 as against 18 out of 41 in 1950. Of the 29 cases confirmed infection occurred as follows—21 in the muscles of the cheek, 5 in the heart, 1 in the diaphragm, 1 in both heart and cheek and 1 in cheek, heart and diaphragm. The 31 cases not confirmed by the laboratory diagnosis were returned as granulomas, sarcosporidiosis or degenerating cysts of uncertain origin.

### **Meat Inspection**

The following figures show the extent of the work of Meat Inspection for the years 1946—1951 under the provision of the Public Health (Meat) Regulations.



No. of visits to slaughterhouses ..	—	—	811
-------------------------------------	---	---	-----

No. of carcasses examined:—

Bulls	..	..	..	..	..	183
Bullocks	..	..	..	..	..	1,871
Cows	..	..	..	..	..	1,403
Heifers	..	..	..	..	..	2,552
Calves	..	..	..	..	..	4,750
						<hr/> 10,759
Sheep	..	..	..	..	..	10,094
Swine	..	..	..	..	..	2,450
						<hr/>
Total			..	..	..	23,303

Year	Total number of animals inspected.	Total number of visits in connection with meat inspection.
1946	35,301	1,015
1947	30,313	987
1948	24,761	1,001
1949	25,849	980
1950	28,732	2,260
1951	23,303	811

### Decomposition of Meat, 1951

[illegible]

## Total Condemnation of Meat, 1951

	lbs.	lbs.
English Meat .. .. .	107,399	
Imported Meat .. .. .	230	
	—	107,629

## Condition

	lbs.	lbs.
1. Tuberculosis .. .. .	47,819½	
2. Other diseases .. .. .	57,255	
3. Decomposition .. .. .	2,554½	
	—	107,629

No formal seizures were made nor legal proceedings taken during the year.

## Tuberculosis in Food Animals, 1951

Portion dealt with	Bovines		Pigs		TOTALS Bovines & Pigs	
	No.	Weight (lbs.)	No.	Weight (lbs.)	No.	Weight (lbs.)
Entire carcasses and all organs	37	22,424	4	1,219	41	23,643
Hindquarters .. .. .	4	364	—	—	4	364
Forequarters .. .. .	25	2,750	—	—	25	2,750
Portions of meat .. .. .	18	740½	2	5	20	745½
Heads .. .. .	323	10,692	61	1,047	384	11,739
Lungs .. .. .	435	4,849	9	37	444	4,886
Livers .. .. .	96	1,436	10	48	106	1,484
Stomachs .. .. .	5	159	—	—	5	159
Mesenteries .. .. .	7	67	66	101	73	168
Intestines .. .. .	57	1,384	10	80	67	1,464
Plucks .. .. .	1	5	7	69	8	74
Hearts .. .. .	45	227	1	1	46	228
Spleens .. .. .	5	9	—	—	5	9
Skirts .. .. .	8	24	—	—	8	24
Kidneys .. .. .	6	22	—	—	6	22
Udders .. .. .	—	—	—	—	—	—
Other Organs .. .. .	3	60	—	—	3	60
Totals .. .. .		45,212½		2,607	1,245	47,819½

CONDITION	WHOLE CARCASSES			PART CARCASSES			HEADS & TONGUES			LUNGS			HEARTS			LIVERS			STOMACHS & INTESTINES			OTHER ORGANS			TOTAL WEIGHT		
	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines	Sheep	Swine	Bovines lbs.	Sheep lbs.	Swine lbs.
Abscesses ...	1	1	—	4	3	3	10	2	1	19	5	1	—	—	—	291	1	—	5	—	—	27	1	3	6,076½	105½	50
Actinomycosis ...	—	—	—	—	—	—	50	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,599	—	—
Angioma ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	128	—	1	—	—	—	—	—	—	2,098	—	—
Arthritis ...	1	—	—	1	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	45	6	4
Cirrhosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	20	—	14	—	—	—	—	—	—	132	—	5
Cysticercus Bovis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	51	—	53
Cysts ...	—	—	—	—	—	—	—	—	—	34	1	1	—	—	—	17	36	2	—	—	—	4	—	2	607	91	8
Distomatosis ...	—	—	—	—	—	—	—	—	—	8	—	—	—	—	—	1035	180	—	—	—	—	—	—	—	10,747	458	—
Emaciation ...	16	6	2	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6,141	253	370
Erysipelas ...	—	4	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	591
Fatty Degeneration ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8	4	1	—	—	—	—	—	—	153	9	10
Fevered Condition ...	8	4	1	1	—	1	—	—	—	37	3	13	3	—	—	6	—	—	7	—	8	37	1	20	4,113	235	352½
Immaturity ...	8	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Inflammatory Condition ...	—	—	—	—	—	—	—	—	—	4	7	12	—	—	—	2	3	—	23	—	5	10	1	2	636	21	93
Injury ...	—	—	—	—	12	—	4	1	1	3	—	—	—	—	—	3	3	—	3	—	1	9	—	—	2,073½	129	37
John's Disease ...	4	—	—	—	—	—	—	—	—	2	—	—	—	—	—	4	—	—	43	—	—	1	—	—	2,511	—	—
Melanosis ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	62	—	—
Moribund Condition ...	2	10	2	—	—	—	—	—	—	—	—	—	—	—	—	15	2	9	—	—	—	1	—	—	604	628	447
Necrosis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	231	7	37
Oedema ...	17	12	2	1	—	—	2	—	—	—	—	—	—	—	—	—	—	—	2	—	—	6	—	7	6,674	582	475
Parasitic Condition ...	—	2	1	—	—	—	—	—	—	1	9	26	—	—	—	—	174	2	—	1	—	—	1	2	10	418	8
Pneumonia ...	2	—	—	—	—	—	—	—	—	21	12	—	—	—	—	—	—	—	—	—	—	—	—	—	416	141	101
Pyæmia ...	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	181	—	—
Septic Metritis ...	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1,103	2	17
Septic Pericarditis ...	6	—	—	—	—	—	—	—	—	—	—	—	13	2	—	—	—	—	—	—	—	—	—	—	3,510	—	—
Toxaemia ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—	2	—	—	5	1	—	563	11	—
Tumours ...	1	—	—	—	—	—	3	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	919	—	—
	73	35	12	43	17	5	70	3	2	132	37	53	20	2	17	1532	401	29	85	1	14	102	5	37	51,500	3,096½	2,658½

Grand Total 57,255 lbs.



## Carcases Inspected and Condemned, 1951

	Cattle, exclud- ing Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed .. ..	4,606	1,403	4,750	10,094	2,450
Number inspected .. ..	4,606	1,403	4,750	10,094	2,450
<i>All diseases except Tuberculosis:</i>					
Whole carcasses condemned ..	14	38	21	35	12
Carcasses of which some part or organ was condemned ..	1,270	497	29	472	145
Percentage of the number in- spected affected with disease other than tuberculosis ..	27.8	38.1	1.1	5.0	6.4
<i>Tuberculosis only:</i>					
Whole carcasses condemned ..	17	19	1	—	3
Carcasses of which some part or organ was condemned ..	408	266	2	—	142
Percentage of the number in- spected affected with tuber- culosis .. .. .	11.0	20.3	0.1	—	5.9

#### (iv) Sampling of Food and Drugs

412 samples of Food and Drugs were submitted for analysis by the Public Analyst and of these 92 were formal samples and 320 informal samples. Of the foods sampled milk received the greatest attention, there being 92 formal and 139 informal samples submitted for estimation of milk fat and solids-not-fat. The remainder of the samples consisted of a miscellany of commonly used articles of diet.

25 samples of milk were returned as non-genuine, 11 of which were concerned in a prosecution for added water; the other 14 samples involved 6 supplies which were deficient principally in fat content and on enquiry faulty management seemed to be the reason for the deficiency and the assistance of Milk Advisory Officers of the Ministry were in most cases required. In so far as ice cream samples were concerned 4 were returned as non-genuine, in 3 cases there being a deficiency in fat and one showed a deficiency in sugar content. Faulty mixing appeared to be the reason in all these cases and after advice had been given follow-up samples proved satisfactory. 4 cases of unsatisfactory labelling were reported, in two cases the material being withdrawn from sale. The attention of the manufacturers of some gravy powder was drawn to an unsatisfactory statement on a label and arrangements were made for alteration and this was also the case in connection with a preparation of glycerine and ipecacuanha. 1 sample of pork sausages was found in December to be 20% deficient in meat content and arrangements were in hand at the end of the year for a formal follow-up.

In all relevant cases foodstuffs submitted for analysis were examined by the Analyst for the presence of preservatives. No contraventions were found during the year in this regard.

It was necessary during the year to seize a consignment of tomatoes offered for sale which were in an unsound condition and subsequent proceedings resulted in the retailer concerned being fined £5 and costs.

Considerable interest was aroused during the period by the large amount of canned ham which was found unsuitable for consumption. Almost 2 tons of imported canned hams were condemned during the period, 1½ tons of this amount being condemned during the period July/December. Details were supplied to the Ministry of Food in order that investigation of the circumstances might be made. The majority of the hams affected were of German, French and Italian origin. There was general complaint throughout the country regarding the unsatisfactory condition of much of this type of imported food during the year.

Appended is the table of samples taken for analysis, together with the table of adulterations showing the nature of the adulteration and the action taken.

### Merchandise Marks Act, 1926

126 visits were paid by Inspectors to shops and retailers' premises in the City regarding the marking of certain commodities as required by this Act. It was necessary in a number of cases to draw the attention of retailers to the need for care in this connection, but no statutory action was taken during the year.

### FOOD AND DRUGS ACT, 1938

#### Samples taken for Analysis during the year 1951

Article	No. of Samples obtained			Result of Analysis	
	Formal	Informal	Total	Genuine	Non-Genuine
Almond, Ground ...	—	3	3	3	—
Almond, Paste ...	—	1	1	1	—
Batter Mixture ...	—	1	1	1	—
Bicarb. Soda. ...	—	1	1	1	—
Biscuits, Chocolate ...	—	1	1	—	1
Brawn ...	—	1	1	1	—
Blanc Mange Powder	—	3	3	3	—
Butter ...	—	1	1	1	—
Carob Sugar ...	—	1	1	1	—
Choc. Confection ...	—	1	1	1	—
Coffee ...	—	1	1	1	—
Coffee Extract ...	—	5	5	5	—
Confectionery ...	—	5	5	5	—
Cornflour ...	—	2	2	2	—
Celery Salt ...	—	1	1	1	—
Cream, Synthetic ...	—	1	1	1	—
Cream Cakes ...	—	5	5	5	—
Curry Powder ...	—	1	1	1	—
Custard Powder ...	—	1	1	1	—
Egg Sub. Powder ...	—	1	1	—	1
Fish Cakes ...	—	2	2	2	—
Fish, Canned ...	—	4	4	4	—
Flavouring ...	—	2	2	2	—
Fruit, Canned ...	—	6	6	4	2
Fruit, Dried ...	—	2	2	2	—
Fruit Juices ...	—	2	2	2	—
Ginger Spread ...	—	1	1	1	—
Gravy Powder ...	—	1	1	—	1
Ice Cream ...	—	61	61	57	4
Ice Lollies ...	—	3	3	3	—
Jam ...	—	4	4	4	—
Jelly, Table ...	—	5	5	5	—
Lemon Curd ...	—	1	1	1	—
Lemonade Powder ...	—	2	2	2	—
Marmalade ...	—	1	1	1	—
Meat, Canned ...	—	2	2	2	—
Meat, Pressed ...	—	1	1	1	—
Milk, Liquid ...	92	139	231	206	25
Mixed Herbs ...	—	1	1	1	—
Mustard ...	—	1	1	1	—
Nuts, Stuffed ...	—	1	1	—	1
Olive Oil ...	—	1	1	1	—
Paste, Fish ...	—	2	2	2	—
Paste, Meat ...	—	2	2	2	—
Pepper ...	—	3	3	3	—



Article	No. of Samples obtained			Result of Analysis	
	Formal	Informal	Total	Genuine	Non-Genuine
Pepper Flavoured Con- diment ... ..	—	1	1	—	1
Pepper Seasoning Com- pound ... ..	—	1	1	1	—
Salad Oil ... ..	—	1	1	1	—
Salad Cream ... ..	—	1	1	1	—
Sauces, Various ... ..	—	3	3	3	—
Sausages ... ..	—	5	5	4	1
Sausage Meat... ..	—	1	1	1	—
Soup, Canned ... ..	—	1	1	—	1
Spaghetti ... ..	—	1	1	1	—
Spaghetti & Meat Sauce	—	1	1	1	—
Spice ... ..	—	5	5	5	—
Sponge Mixture ... ..	—	1	1	1	—
Stuffing ... ..	—	1	1	1	—
Vegetables, Canned	—	3	3	3	—
Household Drugs:—					
Aspirin ... ..	—	1	1	1	—
Camph. Oil ... ..	—	1	1	1	—
Cough Mixture ... ..	—	1	1	—	1
Fever & Influenza Mixture ... ..	—	1	1	1	—
Glycerine ... ..	—	1	1	1	—
Health Salts ... ..	—	1	1	1	—
Rejuv. Tablets ... ..	—	1	1	1	—
Totals ... ..	92	320	412	373	39

Table of Adulterations

No. of Sample		Article	Result of Analysis	Action taken
Informal	Formal			
	17	Milk	7.3% deficient in fat	Follow-up samples show improvement.
28		Stuffed Nuts	Incorrectly described	Withdrawn from sale.
74		Egg substitute powder	Incorrectly labelled	Withdrawn from sale.
80		Ice cream	Sugar 6.0%	Old war time stock. Warning sent.
99		Canned rhubarb	Inferior	Subsequent sample found satisfactory.
136		Ice cream	Fat 4.48%	Withdrawn from sale.
137		Tomato soup	8.5 grains per lb. of tin	Follow-up sample satisfactory.
138		Milk	8.8% deficient in S.N.F.	Withdrawn from sale.
139		Milk	7.7% deficient in S.N.F.	Follow-up sample satisfactory.
143		Milk	8.3% deficient in fat	Withdrawn from sale.
144		Milk	13.3% deficient in fat	Formal samples taken in course of delivery. See 156—164.
145		Milk	13.3% deficient in fat	
150		Fruit Salad	Fermenting	Producer advised
				Surrendered for disposal.

No. of sample		Article	Result of Analysis	Action taken
Infor- mal	For- mal			
	156	Milk	43.3% deficient in fat 11.2% deficient in S.N.F.	See Numbers 138 & 139. Prosecution for added water. Fines of 10/- on each of 9 counts £5/5/- costs
	157	Milk	43.3% deficient in fat 14.1% deficient in S.N.F.	
	158	Milk	36.0% deficient in fat 9.8% deficient in S.N.F.	
	159	Milk	22.7% deficient in fat 10.6% deficient in S.N.F.	
	160	Milk	32.7% deficient in fat 1.4% deficient in S.N.F.	
	161	Milk	15.0% deficient in S.N.F.	
	162	Milk	16.5% deficient in S.N.F.	
	163	Milk	12.4% deficient in S.N.F.	
	164	Milk	13.0% deficient in fat 11.3% deficient in S.N.F.	
174		Ice Cream	5.35% sucrose	Faulty mixing. Fol- low-up sample satis- factory. Warning issued.
181		Ice Cream	3% total sugar	Faulty mixing. Fol- low-up sample satis- factory. Warning issued.
288		Gravy Powder	Incorrectly labelled	Public Analyst has written to manufac- turer re unsatisfac- tory statement on label
303		Milk	15% deficient in fat 4.7% deficient in S.N.F.	Formal follow-up samples taken—see 310—314
304		Milk	0.6% deficient in S.N.F.	
305		Milk	8.3% deficient in fat	
306		Milk	16.7% deficient in fat 1.8% deficient in S.N.F.	
308		Chocolate Biscuits	Inferior quality	Stock of biscuits sold quickly as cheap line In course of delivery from one herd to dairy. Appeal to cow samples taken, sug- gested low standard production. Milk Ad- visory Officer inform- ed. Warning letter sent to producer.
	310	Milk	11.7% deficient in fat	
	312	Milk	5.0% deficient in fat 4.1% deficient in S.N.F.	
	313	Milk	25.0% deficient in fat 3.5% deficient in S.N.F.	
	314	Milk	0.6% deficient in S.N.F.	Supply diverted to another district be- fore follow-up sam- ples possible. (Dairy concerned advised.)
324		Milk	0.29% deficient in S.N.F.	
326		Milk	8.3% deficient in fat 0.6% deficient in S.N.F.	

No. of sample		Article	Result of Analysis	Action taken
Infor- mal	For- mal			
345		Glycerin, Lemon and Ipecac. Pork Sausages	Incorrectly labelled	Manufacturer agreed to reprint label. Formal follow-up samples taken in 1952, resulting in prosecution.
372			20.0% deficient in meat	
406		Pepper flavour Condiment	Unsatisfactory com- position	Manufacturer in- formed on advice of Analyst.

### Foodstuffs Surrendered for Destruction

								Weight in lbs.
Bacon ...	...	...	...	...	...	...	...	92½
Cheese ...	...	...	...	...	...	...	...	324
Coconut ...	...	...	...	...	...	...	...	70
Confectionery	...	...	...	...	...	...	...	134¼
Cream, Artificial	...	...	...	...	...	...	...	315
Fish, Smoked ...	...	...	...	...	...	...	...	196
Fish, Wet ...	...	...	...	...	...	...	...	877
Flour Confectionery	...	...	...	...	...	...	...	273½
Fowls ...	...	...	...	...	...	...	...	53¾
Fruit ...	...	...	...	...	...	...	...	873½
Jellies ...	...	...	...	...	...	...	...	40¾
Malt Food and Tablets	...	...	...	...	...	...	...	46¼
Meat, Manufactured	...	...	...	...	...	...	...	89¼
Pickles and Sauces ...	...	...	...	...	...	...	...	152
Sausages ...	...	...	...	...	...	...	...	97
Sugar ...	...	...	...	...	...	...	...	88
Tea ...	...	...	...	...	...	...	...	67¾
Vegetables ...	...	...	...	...	...	...	...	120¼
Miscellaneous	...	...	...	...	...	...	...	356½
								4,267¼
Canned								
Fish ...	...	...	...	...	...	...	...	331¼
Fruit ...	...	...	...	...	...	...	...	3,803½
Jam ...	...	...	...	...	...	...	...	882½
Meat ...	...	...	...	...	...	...	...	6,243½
Milk ...	...	...	...	...	...	...	...	1,213¾
Soup ...	...	...	...	...	...	...	...	377¼
Vegetables ...	...	...	...	...	...	...	...	3,069
Miscellaneous	...	...	...	...	...	...	...	1,325¼
								17,246
Total ...	...	...	...	...	...	...	...	21,513¼

### (v) Markets

There are two markets in Oxford, a large covered permanent market, and a weekly open market held every Wednesday at the Oxpens.



The number of food shops at the Covered Market is as follows:--

Butchers and Bacon Dealers	..	..	..	11
Fishmongers and Poulterers	..	..	..	8
Fruiterers and Greengrocers	..	..	..	20
Confectioners	..	..	..	2
Grocers	..	..	..	1
Restaurants	..	..	..	3
				—
				45
				==

The number of food stalls at the open market is subject to considerable variation, but averages as below:—

Fruiterers and Greengrocers	..	..	..	10
Confectioners	..	..	..	3
Ice Cream Dealers	..	..	..	2
Fishmongers	..	..	..	1
Grocers	..	..	..	1
				—
				17
				==

#### (vi) Fertilisers and Feeding Stuffs

Local suppliers were kept informed of their responsibility under the provisions of the law relating to fertilisers and feeding stuffs and while no requests were received from interested persons for formal sampling by the official sampler, 8 informal samples consisting of 7 of feeding stuffs and 1 of garden lime were taken and sent to the Agricultural Analyst. 1 sample of poultry meal and the sample of garden lime were the only samples adversely reported on, the poultry meal—an unrationed article having high fibre content being declared unsuitable for poultry feeding; the attention of the retailer was drawn to this opinion: the garden lime sample was found deficient in calcium hydroxide and had an excess of calcium carbonate—the presumption being that it was old stock.



